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World Vision Relief and Development

A REPORT OF THE
MID-TERM EVALUATION OF
THE PRIMARY HEALTH CARE II PROJECT
IN CLUJ-NAPOCA, ROMANIA,

A PROJECT CARRIED OUT
BY THE UNIVERSITY OF MEDICINE AND PHARMACY AND WORLD
VISION RESEARCH AND DEVELOPMENT

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GLOSSARY OF ACRONYMS

CDC	Center for Disease Control (in Atlanta, GA)
DCMFP	Department of Community Medicine and Family Practice
DIP	Detailed Implementation Plan
EPH	Environmental Public Health Program (of USAID)
FP	Family Practice
GIK	Gifts in kind
MTE	Mid-term evaluation
MOH	Ministry of Health
UNICEF	United Nations Infants and Children's Emergency Fund
PHC	Primary Health Care
UMP	University of Medicine and Pharmacy
USAID	United States Agency for International Development
WHO	World Health Organization
WVRD	World Vision Relief and Development

EXECUTIVE SUMMARY

The Primary Health Care II Project (PHC II) was developed as a follow-up project of PHC I, a Project carried out in Cluj-Napoca Judet of Romania, from 1992 to 1994, by World Vision Relief and Development (WVRD) in collaboration with the Ministry of Health (MOH) of the Judet and the University of Medicine and Pharmacy (UMP), of Cluj-Napoca. The goal of PHC II is "to improve the responsiveness, sustainability, and effectiveness in the delivery of PHC in Romania" through a partnership between the UMP, the MOH and WVRD. This is to be achieved primarily by improving training and education in PHC service delivery at three levels: for medical students, residents in general practice, and special courses to up-grade the performance of general practitioners. PHC II was planned to begin in June of 1995 and to continue until September of 1996. In fact the Cooperative Agreement on which USAID funding is based was not completed until October of 1995.

The principle components of PHC II included activities designed to:

- 1) Train and assist UMP faculty members in PHC content and teaching methodology for the key courses throughout the curriculum.
- 2) Design and introduce a PHC curriculum in the medical school.
- 3) Design and introduce a PHC curriculum into the residency program for the training of family practitioners.
- 4) Introduce PHC concepts into the curriculum of the Schools of Dentistry and Pharmacy.
- 5) Provide seminars and workshops for general practitioners to give them up-dated concepts in PHC.
- 6) Support the teaching program by providing supplies and equipment and in the development of training manuals and other teaching materials.

A Detailed Implementation Plan (DIP) was developed by WVRD staff and, after appropriate revisions, was given the concurrence of Dr. Mary Ann Micka, of USAID. At the time of this mid-term evaluation the great majority of activities have in fact been completed on schedule, as may be seen in Appendix 1, and appropriate teaching activities are being carried out at all three levels -- for students, for residents and for practitioners.

Within the UMP, the key person both in the planning and also in the implementation of PHC II, is Dr. Ioan Bocsan, Professor of Epidemiology, who had the full support of both the Rector and Dean of the UMP. It was clear from the beginning that Prof. Bocsan would not be able to do all that was needed in the time allotted to Epidemiology alone, and that curriculum hours would have to be

obtained from other departments. Four other departments responsible for teaching subjects relevant to PHC were asked to join together to form a Department of Community Medicine and Family Practice (DCMFP). The four included Biostatistics and Informatics, Environmental Health (which includes nutrition), Hygiene and Public Health, and Family Practice. All four accepted the invitation and one of the outstanding accomplishments of PHC II, and a tribute to the leadership of Prof. Bocsan, is that they are working together and that all four of the Divisional Chairpersons seem to be quite comfortable as members of DCMFP. Getting such units to work together would be an impressive achievement in any medical school in the world.

At the time of this MTE, consultants from Howard University had made two trips to Cluj (in October, 1995, and May, 1996) to provide assistance in the curricula for Public Health and Hygiene and Family Practice. A consultant from Emory University had assisted the Department of Epidemiology and one from the US Center for Disease Control (CDC), had provided assistance to Biostatistics and Informatics (May, 1996). Finally, a team from the EPH Program, sponsored by USAID, and headed by Dr. Kathleen Rest, had assisted the Environmental Health Division. Thus the curricula of all five divisions have been extensively revised and a substantial volume of hand-outs and other teaching materials have been prepared. In addition, the program has provided support for travel to the US and England by Prof. Bocsan, Prof. Tigan, of Biostatistics and Informatics, will visit the CDC and the University of Michigan in June and July, and travel/training opportunities for other faculty members are in process.

WVRD staff have presented two PHC seminar/workshops for general practitioners, and a third is being held in June. These have been well received, the self-esteem of general practitioners is said to be improving and they certainly want more such courses. Pre- and post-course evaluation carried out by WVRD staff has shown that knowledge of PHC concepts has improved. WVRD staff are also responsible for health and sex education classes for school children (a carry-over from PHC I) and these efforts seem to be producing remarkable responses in the children (See Appendix). A variety of training materials and literally tons of "Gift in Kind" (GIK) books have been received and distributed.

WVRD and the UMP collaborated in holding the First International Conference on PHC in Cluj, from 27 to 31 May, with support from WVRD, UNICEF and SmithKline Beecham Pharmaceutical Company. Over 200 people attended, including five faculty advisors from the US, three from Holland and one from

France Participants came from five Eastern European countries as well as Romania The Conference was enthusiastically received and there was a strong consensus that the materials presented were relevant, useful and will be applied Perhaps more important is the fact that general practitioners from Cluj Judet and elsewhere in Romania not only acquired useful information for improving their practice, but received a boost in self-esteem because of the acknowledgment of the importance of their roles in providing good health care in Romania

It is clear that PHC II efforts to improve the teaching program have made very impressive headway and that there is momentum that can be fully expected to continue Commitment from the UMP leaves no doubt that the program is sustainable Much remains to be done, however Although curricula have been re-written with the advice of consultants, it is not clear that the *implications* of all the nice words are fully understood Nor is it clear that the key people in the different divisions of the DCMFP fully appreciate how the potential contributions of each department can and should fit together to provide the best possible education in PHC No less important is the fact that the various assistants in each division are not consistently given the opportunity to contribute as much as they are capable For that reason the most important recommendation is that a post-conference retreat should be carried out, gathering together all the faculty from the five divisions, to discuss in depth, with the assistance of good facilitators, the implications of the International Conference for the overall program, looking for ways both to integrate the curricula more fully and also to improve teaching methodology

INTRODUCTION TO PHC II BACKGROUND AND GOALS

Primary Health Care Project II (PHC II), initiated by World Vision Relief and Development (WVRD) with partial financial support from the United States Agency for International Development (USAID), was planned to operate from June 1995 to 30 September 1996 The goal of the project is to improve the responsiveness, sustainability, and effectiveness in the delivery of primary health care in Romania, based on collaboration between WVRD, the University of Medicine and Pharmacy (UMP) in Cluj-Napoca and the Judet Ministry of Health (MOH) in Cluj, with financial support from the United States Agency for International Development and matching funds from WVRD PHC II is intended primarily to improve the training and education of medical students and family practice residents in the delivery of PHC services and to up-grade the training of general practitioners As a result of this project the UMP will be the

first university in Romania to offer a PHC curriculum to its medical students and residents

PHC II is an out-growth of PHC I, a three-year PHC project also initiated by WVRD, which was an innovative attempt to improve health care among populations of a remote rural village (Magyar-Raced), of large urban districts (Zorilor and Manastur) and a semi-urban village (Feleacu) located in Cluj Judet, by, among other things, "having the community take responsibility for its own health care through PHC principles" The PHC I project succeeded in assisting and training health personnel and community leaders of the four project sites and in improving their effectiveness in delivering health services along PHC principles through workshops, seminars and a variety of other health education activities Some of the accomplishments of PHC I were assessed with the use of standard Child Survival Knowledge Practice surveys and have been reported both in the reports of those surveys submitted to WVRD Results of PHC I were also reviewed and assessed in the reports of the Mid-term and Final Evaluations prepared for WVRD and USAID

The original PHC I proposal document included a PHC education and training component, to be carried out in collaboration with the UMP The PHC I director, Dr Virginia Canlas, worked assiduously to recruit UMP faculty to participate in the Advisory Committees supporting PHC I and, in the process, stimulated great interest in PHC, extensive discussions of the need to improve PHC service delivery, and awareness that the need for better education and training in PHC was urgent Because the term "primary health care" is broad and widely used it was recognized that it meant different things to different people -- and that communication around PHC issues was often misunderstood or at cross purposes For that reason, a decision was made at the mid-term evaluation to translate into Romanian and publish *Primary Health Care Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6 - 12 September 1978*, published originally by the World Health Organization in Geneva This publication was intended not to impose a WHO/UNICEF definition but to provide a common departure point for clarification of the concepts of PHC and for discussions and understanding of the tasks facing Romania in improving health care delivery Among other things, the close and continued collaboration with the UMP resulted in extensive discussions with the Rector of the UMP, the Dean of the Medical School, and Dr Ioan Bocsan, Professor of Epidemiology at the time and now the Romanian director of PHC II Another result was the introduction of 12 hours of PHC courses into the basic medical curriculum

At the time of the final evaluation of PHC I, it was apparent that even more effective collaboration was not only desirable, but also quite possible, and a recommendation was made to continue and strengthen these activities for as long as possible. WVRD and USAID officials concurred in the desirability of this approach and a proposal for PHC II was accordingly prepared and submitted early in 1995, with plans for the Project to get under way in June, 1995, continuing through September 1996. For a variety of reasons, the cooperative agreement with USAID was not completed and signed until October 1995 and only then was it possible to begin the preparation of a Detailed Implementation Plan (DIP) as required for the release of USAID funds. Thanks to the willingness of WVRD to undertake unilateral support of the Project until USAID funds became available, it did get under way in June, 1995, more or less on schedule.

Unfortunately, there were further serious and prolonged administrative delays in final acceptance of the DIP, which had included the budget for certain activities that were considered more appropriate or desirable than some of those included in the original proposal. Thus, when the Cooperative Agreement was finally signed, USAID funds could only be used as provided for in the original proposal budget, and several important activities described in the DIP could not be carried out on schedule, pending USAID concurrence with the DIP. The most important of these were certain training experiences that had been planned for UMP faculty. USAID support for components of the First International Conference on PHC, held in Cluj in late May, 1996, was also not available, but were obtained elsewhere (from UNICEF and SmithKline Beecham) and the Conference held as scheduled (see below).

In spite of all the many bureaucratic and administrative complications, PHC II is by now well established, well received and, as will be seen below, the great majority of the activities specified in the Timeplan have been carried out on schedule.

MID-TERM EVALUATION METHODOLOGY

This mid-term evaluation (MTE) was carried out between 27 May and 6 June, 1996, overlapping with the International Conference mentioned above. The MTE team was led by Dr. Joe Wray, a consultant familiar both with PHC I and with the plans for PHC II, assisted by the following:

Prof. Ioan Bocsan, UMP, Cluj

Dr. Doina Malai, WVRD staff, Cluj

Dr Mircea Lapusan, WVRD staff, Slue
Drs Milton and Linda Hanson, WVRD, Bucharest

The evaluation was based first on detailed review of the basic Project documents and reports including

- The original proposal and the DIP
- The Project Time line
- Quarterly Reports and "Logframes"
- Budget documents
- Other documents, including the results of participant evaluation of the PHC seminars that have been provided for general practitioners

The core PHC teaching activities in the UMP are provided by the Department of Community Medicine and Family Practice (DCMFP). Interviews with the head of that department and the heads of its four main divisions were an important part of the evaluation and included the following individuals

- Prof Ioan Bocsan, Chairman, DCMFP, and Head, Epidemiology
- Prof Maria Condor, Head, Division of Family Practice
- Prof Carmen Ionut, Head, Division of Environmental Health
- Prof C Stamatiu, Head, Division of Public Health and Hygiene
- Prof, S Tigan, Head, Division of Biostatistics and Informatics

WVRD has provided consultants to work with the four above and all of these were participating in the International Conference in Cluj at the time of the MTE and were interviewed concerning their findings in the various divisions and recommendations for future activities

Prof Henry Williams, Howard University College of Medicine, Chairman, Department of Community Health and Family Practice (Family Practice)

Prof Ponuswammy Swamidoss, Howard University, Department of Public Health Practice (Public Health and Hygiene)

Prof Philip S Brachman, Emory University (formerly of the CDC), Department of International Health (Epidemiology)

Dr Virgil J Peavy, Center for Disease Control (CDC), (Biostatistics and Informatics)

Numerous other interviews were held with Project staff in Cluj and with participants in the Conference on PHC. An extensive focus group discussion with five second-year and two sixth-year medical students yielded useful insights, as did conversations with Dr. Albu, Minister of Health for Cluj-Napoca, who was involved in the initial planning for PHC II. Mr. Janos Bandea, Regional Director of the Soros Foundation, was also interviewed. Exit de-briefing conversations were held with Charles Dokmo, Director of WVRD for Romania and with Ms Randal-Joy Thompson and Ms Rodica Furnica, Program Officers in the Human Resources Development Division of USAID in Bucharest.

BASIC APPROACH OF THE PHC II PROJECT

The activities proposed in PHC II target UMP faculty members, students in medicine, dentistry and pharmacy, general practice residents in training, as well as general practitioners in the community. The PHC II project proposal called for a package of interventions supported by WVRD staff work, assistance from appropriate consultants from the US, and "gifts in kind" (GIK). These were designed to

- Train and support UMP faculty members in improving PHC content and teaching methodology
- Design and introduce a PHC curriculum in the medical school
- Design and introduce a PHC curriculum into the residency program for the training of family practitioners
- Introduce PHC concepts into the curriculum of the Schools of Dentistry and Pharmacy
- Provide seminars and workshops for general practitioners to give them updated concepts in PHC
- Support faculty members by providing supplies and equipment and in the development of training manuals and other teaching materials

The proposed program will have a long-term impact by producing providers of primary health care who will focus on preventive and promotional activities as well as on curative medicine.

BASIC ASSUMPTIONS

A number of fundamental assumptions underlie the approaches used and the activities planned for PHC II and it is worth making some of them explicit.

- In countries like Romania, caught up in the disruptions and confusions of the economic and political transition that is under way, **improving the effectiveness and accessibility of PHC -- affordable, effective preventive and promotive activities as well as curative health care -- deserves the highest priority**
- In addition, it is clear that physicians are in charge of such programs, and are going to remain in charge for some time to come, not only providing the services but also making the decisions. If PHC is to be effective, then, there is a serious need for introducing modern concepts of PHC to physicians throughout the system and supporting them in implementing better PHC service delivery
- Providing physicians with the knowledge and skills they need requires improvements both in content and teaching methodology and this improvement is needed at three levels
 - in the UMP courses for **medical students**,
 - in the programs provided for **family practice residents**, and
 - in the workshops, seminars and other continuing medical education activities intended to improve the knowledge and performance of **general practitioners in the community**

PROJECT ACHIEVEMENTS TO DATE

OVERALL PROGRESS As noted earlier, a DIP was drawn up and a Time line prepared early in 1995. It is important to note first of all that the overwhelming majority of activities than were required in developing the Project, as specified in the DIP for completion by May 1996, have in fact been completed on schedule as may be seen in Appendix 1. This impressive achievement reflects very well on the efforts of the WVRD staff working on PHC II, on Prof Bocsan and his colleagues in the UMP, and on many others who have contributed to the present state of the Project. In addition, it should be noted that a number of the timeline activities could not be completed on schedule because of the confusion over the budget allocations, others were not completed because plans had changed.

Another description of program achievements and activities carried out to date is provided in the Quarterly Reports (Appendix 2 and 3) and the "Logframe" analyses for each of these reports (Appendix 4 and 5). These spell out in more detail many of the activities listed in the timeline and it is not necessary to review

them in detail here. Suffice it to say that these reports strongly confirm the impression that PHC II is moving along very satisfactorily and that both the staff of WVRD and the members of the UMP faculty are meeting their commitments. This is not to say that there are no problems. There are, as will be seen below. But, again, the progress to date is real, the accomplishments are substantial and the faculty and staff commitment are most impressive. When the current status is compared with the situation two years ago, when planning for this project first began, the achievements must be considered remarkable.

TEACHING PROGRAMS FOR STUDENTS IN THE UMP Five divisions of the UMP, Epidemiology, Biostatistics and Informatics, Public Health and Hygiene, Environmental Health, and Family Practice, have joined forces in the Department of Community Medicine and Family Practice to develop the curriculum required to improve PHC training and education in the UMP. This cooperation alone represents an outstanding achievement. In addition, each Division Chief has worked with an outside consultant(s) to review their courses in detail and modify them as appropriate. The goal has been to look at the contributions of each Division as a means to an end -- better teaching of PHC -- rather than as an end in itself -- i.e. to produce specialists in each discipline. This requires an attempt to assess what each of the Divisions can and should be contributing to the knowledge and skills of each student that will help them deliver PHC services more effectively. That in turn requires the subordination of Divisional goals or objectives to the needs of students in the larger program, which is never easy. The curricula have been revised, lesson plans drawn up and teaching materials prepared. The integration of the contributions of the five Divisions certainly leaves some things to be desired, but the process is on-going.

TEACHING METHODOLOGY Responsible educators, all over the world, must acknowledge that **students learn best by doing**. Unfortunately many of those same educators tend to rely almost entirely on didactic lectures to (or at) their students, rather than providing them opportunities to learn by doing. It is well known, everywhere in the world, that with extremely rare exceptions, didactic lectures are dull, boring, and ineffective. They are many times more likely to have a sedative effect than they are to stimulate students. Focus group discussions with medical students from the UMP made it abundantly clear that the teaching methods they are subjected to are no exception. "Learning by doing", "participatory learning", "interactive learning" are all terms that they have heard (as have the faculty) but such approaches are almost unheard of in practice at the

UMP In fact, in most classes students are not allowed to ask questions of the lecturers. The only exceptions cited by the students were in some of the DCMFP courses that have resulted from the interest in PHC II. There is room for much improvement, however, and the collaboration of outside consultants as well as the provision of learning experiences for faculty members abroad are most important and need to be continued.

EXTERNAL CONSULTANT ASSISTANCE TO UMP FACULTY At the time of the MTE, four external consultants were visiting Cluj, participating in the International Conference on PHC as well as providing assistance to DCMFP faculty members. Dr. Henry Williams, of Howard University, was working with Dr. Maria Condor, Chief of the Family Practice Division, Prof. Ponuswammy Swamidoss, also of Howard University, was working with Prof. C. Stamatiu, Chief of the Public Health and Hygiene Division. Williams and Swamidoss had both visited Cluj, on a similar mission, for two weeks in October of 1995. Dr. Philip Brachman, of Emory University, was visiting Prof. Bocsan, reviewing the Epidemiology curriculum and teaching methods, and Dr. Virgil Peavey, of the CDC, was visiting Prof. S. Tigan, Chief of Biostatistics and Informatics. In addition, a team headed by Dr. Kathleen Rest, of the University of Massachusetts Environmental Health Division, who were in Romania under the auspices of the USAID EPH program, worked with Dr. Carmen Ionut, Chief of the Environmental Health Division, reviewing both the course plan and teaching methods.

Interviews with the four WVRD-sponsored consultants revealed that all of them found many problems in the curricula of the respective divisions, but they reported that the faculty members, both the professors and also the younger assistants, had been very receptive to their suggestions and they felt that although much remains to be done, real progress had been made and that there is a commitment to change that is irreversible. Curriculum content is less of an issue than is teaching methodology, though both can stand improvement. Further technical assistance is forthcoming in the form of teaching cases for use with epidemiology and biostatistics.

Interviews with the Division chiefs revealed first of all a convincing display of gratitude to the consultants and to WVRD for making their visits possible. There is no doubt that all of them felt the need for outside assistance as they work to integrate their teaching activities into the kind of program needed to improve PHC training and education in Romania, and it is also clear that they felt that the

consultants had been genuinely helpful. There were specific references to the fact that the consultants treated them with respect, tried to understand their problems, and to work with them to meet their needs rather than trying to impose their own agenda.

PREPARATION OF TEACHING MATERIALS AND HAND-OUTS There is a serious shortage of up-to-date textbooks in Romania and this is aggravated with regard to PHC by the fact that there is no one good text that covers the material as well as is desirable. For that reason an important component of PHC II has been the development of hand-outs and other teaching materials. These have been developed with assistance from the external consultants and the long-term goal is to reproduce these materials in quantities sufficient to meet the needs of the students. The problem of course is that the preparation of such materials is time-consuming and their reproduction is costly -- when and if the necessary equipment and supplies are available. According to the Division chiefs, some of the materials have been reproduced, but by no means all that is needed. What seems apparent is that rather than using PHC II project money to pay for duplicating the materials, it would be better to use the funds available to purchase supplies and equipment for duplication and thereby make it possible for the DCMFP (and other parts of the UMP) to produce the materials they need well into the future. It appears that it will not be possible to do this under the terms of PHC II, but there is a willingness to attempt to find the necessary funds in the future.

UMP FACULTY DEVELOPMENT At the time of the MTE Prof Bocsan had visited the US, Holland and Great Britain on two different trips, intended to provide him an opportunity to get acquainted with family practice/PHC education programs in those countries. Prof Tigan of Biostatistics and Informatics is now scheduled to visit the School of Public Health at Michigan and the CDC in Atlanta, where he will be a participant-observer in a course taught by Dr. Peavey. This will give him an opportunity to learn how to use case studies in the teaching of epidemiology and biostatistics and to obtain an array of such cases to take back for use in Romania. Visits to appropriate institutions and teaching programs in the U.S. had also been planned for Drs. Condor, Ionut, and Stamatiu, but because of the budget allocation problems arising out of delays associated with USAID approval of the revised DIP and its accompanying budget, it has not been possible for them to make the visits. The WVRD team is still trying to resolve the problems and obtain the necessary funds.

WORK WITH GENERAL PRACTITIONERS While the UMP faculty, with the assistance of external consultants, have been working on the teaching program for medical students, WVRD staff have taken on the bulk of the responsibility for planning and presenting the workshop/seminars on PHC for general practitioners. UMP faculty have shared in the process by giving lectures. Of interest here is the fact that the WVRD staff carried out a survey of general practitioners to learn which issues in PHC they consider important and would like to learn more about. At time of the MTE, two workshops had been held and were much appreciated. In addition general practitioner-participants in the PHC workshops were given pre- and post-test questionnaires to assess, in simple terms, how much they had learned about key PHC issues. Participants were also invited to complete a questionnaire form to evaluate the presentations they had heard. Dr. Doina Malai, with the help of other WVRD staff, worked this material up as a poster display for the International Conference and the three are included as Appendices 6, 7, and 8.

GENERAL PRACTITIONERS AS PRECEPTORS It is well recognized in the UMP that medical students must have opportunities to have practical experience in dispensaries and clinics and not merely in hospitals. It is equally well recognized that if the student experiences are to be useful, they need good role models. For that reason, Dr. Maria Condor, Drs. Milton and Linda Hanson, Dr. Mircea Lapusan, and Dr. Doina Malai, began early to identify bright and enthusiastic general practitioners, invited them to consider becoming preceptors and began to offer extra training for that group. Several well-regarded practitioners have been recruited and, among other things, have begun to increase their teaching abilities by participating in the seminar/workshops offered to general practitioners.

INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE This Conference was held in Cluj from Monday 27 May through Friday 31 May. As noted earlier, it was well attended and enthusiastically received. The effectiveness of such undertakings is impossible to quantify, but the following subjective observations may be made:

- The Conference was truly international. A number of the invited presenters as well as many of the participants came from outside Romania. In addition, many of the general practitioner-participants came from outside Cluj Judet.

- The papers presented were relevant to PHC issues and down-to-earth. As always in such affairs there seemed to be too little time for questions and discussions, but the presentations generated much interest and discussions did go on, both in the sessions and in the hallways.
- The general practitioners, who were the primary target audience for the Conference, seemed not only to enjoy the Conference, but also to get a boost in their awareness of the importance of PHC and of their role in improving the delivery of services. That an international conference should be dedicated to what general practitioners do, rather than to super-specialty hospital-based medicine, seemed to be good for morale.
- The Conference provided an excellent review of the important issues in PHC and thus pointed to what needs to be learned. As will be seen below, one of the most important recommendations after the Conference was that the DCMFP should take advantage of this, hold a faculty retreat and discuss in detail the implications for the UMP teaching program and how best to improve and integrate the contributions of each of the Divisions.

UMP STUDENT ATTITUDES AND RESPONSES TO PHC. One of the factors that contributed to the WVRD decision to work with the UMP to try to improve the teaching in PHC was the concern about PHC and the enthusiasm of some of the medical students. Five second-year and two sixth-year students kindly gathered to chat with me during the Conference in an informal focus group discussion. Several things were brilliantly clear. First, they are painfully aware of the poor quality of much of the teaching. They are also grateful to those faculty members who do teach well and who welcome questions. They also believe, without any doubt correctly, that professors who do not permit questions are simply afraid of them.

SCHOOL HEALTH AND SEX EDUCATION ACTIVITIES

Dr. Doina Malai, who was one of the original WVRD staff members of PHC I, invited me to join her in a visit to a primary and middle school in Manastur, a suburb of Cluj in which she has been providing classes. These activities have been carried out with the full support of the School Director and she has given the classes with the School Physician and PHC Program staff, who assist her by leading small group discussions after informal lectures have been given to the whole group. During one of the educational sessions, Nelu Morar took a clip

board and recorded the opinions of the students concerning the program that had been provided to them. A translation of their responses is provided in Appendix 9, where it can be seen that the students have appreciated not only the information given them, but also the way that it was presented, and are impressively articulate in expressing their ideas.

PHC II PROJECT MANAGEMENT

Dr. Milton Hanson, with the assistance of his wife, Dr. Linda Hanson, is the Project Director from WVRD. Both are both Board Certified Family Practitioners in the US and are thus professionally well qualified for their tasks. More importantly in this context, and in spite of the fact that neither has ever been involved in a USAID-sponsored project, they have shown themselves to be much better managers than physicians are often expected to be. Backed up by their Romanian colleagues in Cluj, and supported by the WVRD team in Bucharest, the PHC II Project is, as noted above, carrying out Project activities on time and within budget, with very few exceptions. It should be added that these activities are varied and often complex, requiring interdisciplinary and/or inter-institutional cooperation. Given the numerous and clear-cut achievements of this Project, it can reasonably be concluded that management of this Project is more than satisfactory. It deserves to be called outstanding.

FINANCIAL MANAGEMENT

The project was to have been implemented between 22 June 1995 and 30 September 1996, based on a grant of \$203,400 from USAID and matching funds of \$96,910 in cash, GIK and indirect costs from WVRD. As noted, however, the Cooperative Agreement authorizing this project was not completed until 4 October 1995. Financial management of PHC II has been seriously complicated by the fact that the budget prepared with the Detailed Implementation Plan (DIP), which was approved by the Chief of Human Resources Development for USAID Romania, differed significantly from the budget submitted with the original project.

Unfortunately, there were further serious and prolonged administrative delays in final acceptance of the DIP, which had included the budget for certain activities that were considered more appropriate or desirable than some of those included in the original proposal. Thus, when the Cooperative Agreement was finally signed, USAID funds could only be used as provided for in the original proposal.

budget, and several important activities described in the DIP could not be carried out on schedule, pending USAID concurrence with the DIP. The most important of these were certain training experiences that had been planned for UMP faculty. In addition, USAID support for part of the First International Conference on PHC, held in Cluj in late May, 1996, was also not available, which meant that WVRD funds intended for other aspects of PHC II had to be mobilized for the Conference but were obtained elsewhere (from UNICEF and SmithKline Beecham) and the Conference was held as scheduled.

CONCLUSIONS AND RECOMMENDATIONS

PHC II is on schedule and effective in most of the activities carried out. Probably the most outstanding achievement of this project is that the five Divisions are working together and that the teaching of PHC has improved and is likely to continue to improve. The Division Chiefs have received assistance in developing their curricula and teaching materials and the program shows it. Teaching activities are going on at the three levels planned for medical students, for residents in Family Medicine, and for general practitioners. Among the more important recommendations

- Continue plans to provide learning opportunities for the faculty members
- Search for ways to give the junior faculty members in the Divisions more responsibility and opportunities to participate
- Encourage interactive learning and provide students opportunities to speak out and ask questions. Find ways to provide feedback from the students to the faculty members. This will have to be done carefully, but it is essential.
- Explore the possibility of providing a cash prize for excellence in teaching to be awarded to the teacher(s) selected by the students on the basis of strictly and carefully defined criteria. The prize should be non-trivial, there might be one offered each semester, or for teachers of students in the different classes. Guidance can be obtained from schools in the US where such prizes are routinely offered and carry great prestige for the faculty members so honored. This was discussed with Mr. Janos Bandea, of the Soros Foundation, and he promised to give such a proposal careful consideration, suggesting that a request should first be submitted for a trial

run, which, if successful, could be the basis for a proposal to obtain long-term support

- Learn as much as possible about the best Family Practice training programs that can be found, for students, residents (especially) and for general practitioners, and work to develop such programs in Cluj. This requires, perhaps more than anything else, giving the residents real responsibility as they learn patient care
- Carry out the faculty retreat as soon as possible in order to discuss, in the light of the International Conference just completed, the teaching role and potential contribution of each Division of the DCMFP in the overall program of PHC education
- Look for funds to develop a center, either in the DCMFP, or the UMP, for the production and duplication of teaching materials and hand-outs. The Soros Foundation is, again, a possible source of funding. Look for equipment more durable, less costly and more easy to maintain than Xerox-type copiers. They are necessary for some purposes, but for this center, machines that will produce large numbers of copies quickly and cheaply are needed
- Look for ways to continue and expand the health and sex education programs that are being provided for school children. This activity could well be a candidate for USAID PL 480 funds. If medical students could become involved, this program would provide an excellent opportunity for them to learn by doing

APPENDICES

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Appendix 1

APPENDIX 1

IMPLEMENTATION TIMELINE

ACTIVITY	FY 1995					FY 1996											
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Project director hired	X																
Community coordinator hired		X															
Community assistant hired		X															
Admin assist / MIS spec hired		X															
University coordinator chosen		X															
Secr /Translator hired					X												
American specialists in Public Health and Family Practice consult						X							X				
American specialists in Epidemiology and Biostatistics consult													X				
American specialists in Environmental & Occupational Medicine collaborate with PHC	X					X							X				
American specialist in Pharmacy consults														X			
American specialists in TOT consult						X							X				

ACTIVITY	FY 1995					FY 1996												
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Faculty members selected for Intl PHC training	X										X							
Sites selected for Intl PHC training	X										X							
Head of DCMFP attends Intl training conferences	X	X	X															
Faculty members attend Intl PHC training												X	X	X	X	X	X	
GIK Medical texts received					X						X							
Plans for GIK distribution developed								X										
Distribution of GIK						X	X	X	X	X	X	X	X	X				
DCMFP faculty & GPs attend TOT workshops	X					X							X					
Agreements made between World Vision and the University and other collaborating groups	X																	
Computer printer fax, copier and 7 overhead projectors ordered and delivered	X			X			X	X	X	X	X		X					
Textbooks on PHC and teaching techniques ordered and delivered									X		±							
Teaching videotapes ordered & delivered																	X	

ACTIVITY	FY 1995					FY 1996												
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Teaching slides are created by DCMFP																	X	
Initial PHC courses for medical school curriculum written		X	X	X	X	X												
PHC lectures given to medical students						X	X	X	X	X	X	X	X	X				
PHC student handouts copied and distributed						X	X	X	X	X	X	X	X	X				
PHC curriculum is rewritten						X	X	X	X	X	X	X	X	X	X	X	X	
4 week summer PHC practicum for 3rd and 5th yr med students developed									X ?	X ?	X ?							
Summer practicum curriculum approved by MOH & UMP Cluj													X	X				
Dispensary sites for summer practicum are approved by MOH														X				
At least 25% of 3rd and 5th year students are assigned for summer field practicum														X	X			
These students participate in summer field practicum															X	X		
12 hours of PHC lectures developed for FP residents		X	X	X	X	X	X	X										

ACTIVITY	FY 1995					FY 1996											
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Teaching slides are created by DCMFP																	X
Initial PHC courses for medical school curriculum written		X	X	X	X	X											
PHC lectures given to medical students						X	X	X	X	X	X	X	X	X			
PHC student handouts copied and distributed						X	X	X	X	X	X	X	X	X			
PHC curriculum is rewritten						X	X	X	X	X	X	X	X	X	X	X	X
4 week summer PHC practicum for 3rd and 5th yr med students developed									X	X	X						
Summer practicum curriculum approved by MOH & UMP Cluj													X	X			
Dispensary sites for summer practicum are approved by MOH														X			
At least 25% of 3rd and 5th year students are assigned for summer field practicum														X	X		
These students participate in summer field practicum															X	X	
12 hours of PHC lectures developed for FP residents		X	X	X	X	X	X	X									

ACTIVITY	FY 1995					FY 1996												
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
PHC lectures for residents reviewed by Ext Consultants and rewritten if necessary													X	X				
PHC lectures for residents given									X	X	X	X	X	X				
9 12 month PHC field practicum for residents is developed by the DCMFP									X	X	X	X						
Residency field practicum is approved by MOH													X					
All 3rd year FP residents are participating in the PHC field practicum with GPs trained in PHC									X	X	X	X	X	X	X	X	X	
PHC framework for School of Pharmacy written and approved															X		X	
PHC framework for School of Dentistry written and approved															X		X	
Meeting with PROFIT personnel												X						
Trained faculty conduct PHC workshops for GPs										X	X	X	X	X				
Compilation of PHC teaching manual									X	X	X	X	X	X				
Translation of PHC teaching manual														X	X			

ACTIVITY	FY 1995					FY 1996											
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Distribution of PHC teaching manual																	X
Faculty revise and update PHC lectures based on external consultant reports													X	X	X	X	X
External consultants observe faculty members teaching													X				
All UMP Cluj student registered for PHC courses for 1996-97																	X
American specialists in Public Health meet with the GP Society of Cluj to discuss education of GPs/FPs						X							X				
GP Societies throughout Romania contacted for names of GPs interested in PHC & teaching										X							
GPs are selected and invited to Intl PHC Conf										X							
Subsidies for conference expenses are offered to the invited GPs										X							
At least 50 GPs from other Romanian judets that Cluj are invited to the conf													X				
At least 1 official from each Romanian state medical school is invited to attend the conference									X								

ACTIVITY	FY 1995					FY 1996											
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
At least 1 official involved in medical reform from each of the experimental judets is invited to attend the conference									X	X							
At least 5 officials from the MOH or MOE are invited to the conf									X								
At least 1 official from each ministry attends the conf													X				
Invitations to others are sent for Intl PHC Conference								X	X		X						
Intl PHC Conference program is determined										X							
MOH accredits Intl PHC Conference												X					
Intl PHC Conference is held													X				
Approx 100 participants, including at least 50 GPs, receive PHC education at the Intl PHC Conf													X				
Pre and end of conference questionnaires completed by attendees													X (End only)				
End of conference questionnaires evaluated														X			

ACTIVITY	FY 1995					FY 1996											
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Final evaluation includes interviews with at least 2 directors of medical reform and 2 medical school leaders																	X
GP Training workshops course content determined								X									
GP Survey re interest in PHC distributed							X										
GP Survey tabulated and evaluated								X									
GPs invited to workshops									X	X	X	X	X				
PHC training workshops presented										X	X	X	X	X			
At least 100 trained GPs offer to precept medical students														X			
At least 25% of 3rd and 5th year medical students are assigned to PHC trained preceptors for summer field practicum														X	X		
At least 50 % of 3rd and 5th year medical students are scheduled to participate in summer 1997 practicum																	X
A list of GPs interested in taking PHC training provided to MOH for use in residency preceptor selection									X								

ACTIVITY	FY 1995					FY 1996												
	Pre Grant	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Exit interview questionnaires given to patients of PHC trained GP preceptors																	X	
Final evaluators interview several PHC trained GPs																	X	
Workshop participants complete pre and post-conference tests and end of workshop evaluation										X	X	X	X	X				
Permission received from MOH for GPs to have time off work to attend PHC training workshops										X	X	X	X					
MOH approves dispensary sites with PHC trained GPs for summer med student field practicum														X				
Quarterly reports written						X			X			X			X			
Mid Term internal review													X					
Final evaluation																	X	

Appendix II

WORLD VISION ROMANIA
PRIMARY HEALTH CARE II PROJECT
QUARTERLY REPORT
OCTOBER-DECEMBER 1995

SECTION I

The goal of the project is to improve the responsiveness, sustainability, and effectiveness in the delivery of Primary Health Care in Romania through a mutual partnership and collaboration with the University of Medicine and Pharmacy (UMP) in Cluj-Napoca and the Ministry of Health. As a result of this project, the UMP will be the first university within Romania to offer a Primary Health Care curriculum to its medical students and residents.

World Vision has had a 3 year Primary Health Care Project which began an innovative approach to improving health and health care among the remote rural (Magun-Racatau), large urban (Zorilor and Manastur) and semi-urban (Feleacu) populations, located in the district of Cluj, by "having the community take responsibility for its own health care through Primary Health Care principles". This recent PHC model has succeeded in assisting and training health personnel and community leaders of the four project sites and in improving their effectiveness in delivering health services along PHC principles through workshops, seminars and other health education activities. In addition, the close collaboration with the UMP resulted in the introduction of 12 hours of PHC courses into the basic medical curriculum.

The current project builds on the successful model introduced in PHC I by targeting 3798 University students, residents, faculty members, general practitioners from the community, and MOH officials by piloting a package of five interventions which include design and introduction of a PHC curriculum within the Medical School, development of a PHC framework for the Schools of dentistry and Pharmacy, design and integration of PHC curriculum into the residency program in Family Practice, training of faculty members and general practitioners in PHC, and support of the project partners through provision of GIK and PHC working manuals.

The proposed program will have a long term impact by producing providers of primary health care who will focus on preventive medicine as well as curative medicine. As a result, the communities will benefit from more comprehensive and integrated health care.

SECTION II

A PROJECT GOAL

The goal of World Vision's project is to improve the responsiveness, sustainability, and effectiveness in the delivery of Primary Health Care in Romania through a mutual partnership and collaboration with the University of Medicine and Pharmacy and the Ministry of Health. The purpose is to pilot a package of interventions that are built upon the PHC model introduced in our first PHC project and include 1) design and introduction of a PHC curriculum within the Medical School, 2) development of a PHC framework for the Schools of Dentistry and Pharmacy; 3) design and integration of PHC curriculum into the residency program in Family Practice; 4) training of faculty members and general practitioners in PHC, 5) support of our project partners through provision of GIK and compilation of a PHC working manual.

B PURPOSES AND OUTPUTS

Listed below are the purposes and outputs for the project to be met by the end of project implementation.

Purpose 1 To promote a more holistic approach to medicine at the University of Medicine and Pharmacy by integrating the concepts of Primary Health Care into the Medical School curriculum

- Outputs
- 1 1 Sixty-one (61) hours of PHC courses are developed through the collaborative efforts of external consultancy and medical faculties within 8 months of grant start date.
 - 1 2 The PHC Curriculum is incorporated into the basic medical education beginning academic year 1995-1996
 - 1 3 Three thousand six hundred and forty (3640) medical students are registered in the PHC courses by September 30, 1996

Purpose 2 To introduce the concept of PHC into the schools of Dentistry and Pharmacy

- Outputs
- 2 1 A 6-hour framework is developed for an entry level PHC curriculum within the school of Dentistry
 - 2 2 A 31-hour framework is developed for an entry level PHC curriculum within the School of Pharmacy

- Purpose 3 To provide practical primary health care exposure to residents in collaboration with the University of Medicine and Pharmacy and the Ministry of Health
- Outputs
- 3 1 Twelve (12) hours are developed and integrated into the residency program of Family Practice
 - 3 2 A six-month PHC field practicum is designed and incorporated into the residency program
 - 3 3 At least ninety two (92) residents in Family Practice will complete the PHC curriculum by the end of academic year 1995-1996
- Purpose 4 To sustain PHC teaching and practice among University faculty members and general practitioners
- Outputs
- 4 1 At least 12 faculty members from the University will be trained as trainers in Primary Health Care
 - 4 2 At least 125 other faculty and general practitioners from the community will be trained in PHC concepts by the new trainers
- Purpose 5 To support the ability of our project partners to sustain and enhance project impact.
- Outputs
- 5 1 A working manual is developed, compiled and translated in cooperation with the University which includes lectures and PHC training materials
 - 5 2 At least \$30,000 worth of program integrated gifts-in-kind (GIK) will be provided to our project partners

C. PROJECT LOCATION, DURATION AND TARGET POPULATION

The project will be implemented in partnership with the University of Medicine and Pharmacy and the Ministry of Health in Cluj-Napoca, which is located in the northwest of the country, in the middle of the Transylvania plateau, on the small Someş river valley. The city is located 480 kms from the capital, Bucharest. The project is built on the successful model developed during the first 3-year World Vision Primary Health Care project which, through collaboration with the Ministry of Health, resulted in the training of local health professionals and other community leaders in PHC principles and practices at four dispensary project sites in the Cluj Judeţ. In addition, the active participation and contribution of several medical

professors as resource persons in PHC workshops, seminars and other project activities resulted in the initial introduction and integration of a total of 12 hours on the concept and key elements of PHC into the Epidemiology courses for second and sixth year medical students headed by Prof Dr Bocsan and in the curriculum of the Division of Family Practice headed by Prof Dr Condor. The integration began in October 1993. With this strong mutual collaboration and a firm determination of the institution to have an important role in promoting and supporting PHC in Romania, the University of Medicine and Pharmacy in Cluj was chosen as the project site.

For this project, the target population will be a combination of 3640 medical, dental and pharmacy students and 90 residents in the University's Department of Community Medicine and Family Practice (DCMFP). In addition the program will also target 137 University faculty members and general practitioners trained in PHC for a total target population of 3869.

It is expected that the long term target population will include the succeeding future medical students and residents. The ultimate beneficiaries, however, will be the community's vulnerable groups, particularly women of child-bearing age, children under five and the elderly who will be reached through these future PHC doctors and other health professionals in their communities where presently their health needs are largely unmet.

D. PROJECT DESCRIPTION

In order to accomplish the objectives stated above, five strategies will be pursued:

1. Design and introduction of a PHC curriculum within the Medical School,
2. Development of a PHC framework for the Schools of Dentistry and Pharmacy
3. Design and integration of PHC curriculum into the residency program in Family Practice
4. Training of faculty members and general practitioners in PHC
5. Support of project partners through compilation of working manual and distribution of project-integrated Gifts-in-Kind

SECTION III

ACHIEVEMENTS

Because of the considerable delay in obtaining project approval, many aspects of the initial proposal required modification. Because University curriculum changes were required to be submitted to the Ministry of Education by 4/1/95 for the 1995-96 academic year, the Department of Community Medicine and Family Practice (DCMFP) developed outlines for these changes based on the professors' exposure to PHC during the PHC I project and with the assistance of the PHC II project director. Based on verbal acceptance of the project proposal in late April, 1995, the World Vision Cluj office was equipped for PHC II and staff were

rehired. However, there was delay in written pre-grant authorization of expenditures, requiring World Vision to find and utilize non-grant funding for expenses incurred prior to June 22, 1995.

During the summer months, the five division heads and other faculty members of the DCMFP continued to write the lectures on PHC to be presented during the 1995-96 academic year. Contracts with external consultants could not be arranged until after June 22, by which time the University academic year was drawing to a close with much of the faculty being unavailable until September. Tentative plans were made for an external consultant to come in early October for the Division of Public Health, and in mid-October for the Division of Family Practice.

When the PHC II contract was finally approved and signed, on Oct. 4, 1995, the budget required significant revision because of the shortened life of the project (project completion date: 9/30/96) which both required and enabled new aspects and activities in the project. The Detailed Implementation Plan was submitted on Dec. 4, 1995 with these proposed changes. Dr. M. Micka, of USAID, was supportive of these proposed changes and made suggestions for additional changes as well. The DIP rewrite was submitted Jan. 17. Because of these changes, not all project activities fit well into the currently approved Log Frame of the original proposal. The following are project accomplishments organized according to the Outcomes and Outputs of the rewritten DIP, which include all the purposes and outputs of the original proposal, as well as the new components.

ACHIEVEMENTS OF THIS QUARTER

A. OUTCOME #1 ACCOMPLISHMENTS

- Outcome 1 A new and comprehensive educational program meeting international standards is developed and implemented within the University of Medicine and Pharmacy (UMP) in Cluj-Judet by 9/96, teaching Primary Health Care (PHC) principles and practices.
- Outputs 1.1 Sixty-one (61) hours of PHC courses are developed and incorporated into the medical school curriculum
- 1.2 A four-week summer PHC practicum is developed for the 3rd and 5th year medical students
- 1.3 Twelve PHC curriculum hours are developed and integrated into the 3rd year of the Family Practice (FP) residency program
- 1.4 The nine to twelve month field practicum for FP residents is redesigned and implemented to incorporate PHC principles and practices into the FP

residency program

- 1.5 A detailed PHC curriculum framework is developed and approved for the School of Pharmacy (31 hours) and the School of Dentistry (6 hours)
- 1 6 At least 12 faculty members from the UMP are capable and motivated as trainers in PHC
- 1 7 Teaching slides are prepared by the five divisions of the Department of Community Medicine and Family Practice (DCMFP) for use in their PHC lectures
- 1 8 A teaching manual is developed, compiled, translated, and printed in cooperation with the University which includes lectures and PHC training materials including Health Education and Promotion, Immunizations, Hygiene, Maternal and Child Health Care Patient Education Regarding Appropriate Treatment of Common Diseases and Injuries, and Biostatistics Applied to PHC Management

* An external consultant from Howard University, Washington, D C , Dr P Swamudoss consulted with regard to curriculum design and content with all of the Division Heads of the DCMFP from Oct 8 - Nov 1, 1995 He worked especially with Dr Stamatu and the other faculty members in the Division of Public Health (The area of Public Health suffered particularly during the communist years, because Public Health was redefined according to the Soviet model to include primarily the systems control of the field of medicine and its physicians, rather than to identify and solve problems in public health)

* Another external consultant from Howard University, Washington, D C , Dr H. Williams, Acting Chairman of the Dept. of Family Practice, consulted from Oct 15 - 22 with Dr Condor, head of the Division of Family Practice and other members of the faculty of her division, regarding curriculum design and content in Family Practice relating to PHC He also worked with Drs Bocsan, chairman of the DCMFP and head of the Division of Epidemiology, and Stamatu and their colleagues

* Both Drs Swamudoss and Williams were very well received by the DCMFP and plans were made for them to return for follow-up consultations in May, 1996

* The Environmental Health Project (EHP), another USAID project in Cluj working directly with the Division of Hygiene in the DCMFP, returned Oct 24-26 and conducted their 3rd set of workshops on the topic of Environmental Health and Occupational Medicine Included in their workshops were the same group of faculty members from all the divisions of the

DCMFP as well as the certified FP residency preceptors

- * A new secretary/translator for Dr. Bocsan's office was hired on Dec. 15, to replace the original employee, who had resigned suddenly due to health concerns
- * A new administrative assistant/MIS specialist was hired for the World Vision Cluj office in late November, to replace the previous staff member who had transferred to another WV project in Cluj
- * After much delay and difficulty with the Telephone Company, Dr. Bocsan finally received a telephone line for his new PHC office.
- * Dr. Bocsan conferred with the deans of the Schools of Pharmacy and Dentistry and was assured that the development of the written PHC framework is progressing well. Plans were made to include an external consultant in Pharmacy, pending approval of the DIP
- * Plans were made for an International PHC Conference to be held in Cluj in May, 1996 with the purpose of extending the availability of education in PHC to faculty members and other physicians outside of the DCMFP. Initial announcements and invitations were sent out in early December to potential international participants who have previously expressed interest in PHC to Dr. Bocsan. Plans were made to arrange for the return of Drs. Swamidoss and Williams for this conference, as well as external consultants in Biostatistics and Epidemiology. All of the external consultants will also participate in curriculum review and revision in the various divisions of the DCMFP prior to the conference itself
- * Plans were made for international PHC training for DCMFP faculty members. Proposed sites include the Center for Disease Control in Atlanta, Georgia, for Biostatistics, Howard University in Washington, D.C., and affiliated institutions for Family Practice and possibly Public Health, and the University of Edinburgh, Scotland, for Patient Education/Epidemiology and Hygiene/Nutrition. The actual number of international PHC training programs will depend in part on the ability to negotiate favorable tuition and other expenses. International PHC training unfortunately cannot occur until the 4th and 5th quarters because of the teaching responsibilities of the DCMFP faculty
- * Meetings were held with Dr. Miu, head of all the residency programs for Cluj Judet, who strongly supported the PHC II project, as well as Dean Mircea and Rector Pascu of the UMP Cluj, who likewise expressed their support.
- * Drs. Bocsan, Lapusan and Malai began the correspondence course in Management through the Open University in Bucharest. This course is an international course developed by Oxford University
- * A press conference was held Oct. 28 in Cluj to publicize the PHC II Project to MOH and

MOE officials, members of the press, community leaders and the general public

B OUTCOME #2 ACCOMPLISHMENTS

Outcome 2. The General Practice/Family Practice (GP/FP) medical community in Cluj Judet is strengthened in its ability to provide better quality and more holistic medical care according to PHC principles

Outputs 2 1 175 General Practitioners (GPs) from the community will be trained by the new trainers in PHC principles and practices regarding patient care and in teaching techniques for precepting of medical students and FP residents

2 2 At least 50 GPs from other Romanian judets and other professionals from within and outside Cluj receive education in PHC principles and practices at the International PHC Conference

* Drs Swamidoss and Williams conducted 3 Training of Trainers workshops with a total of 19 or more attendees, including more than 12 faculty members of the DCMFP, 1 representative of each of the Schools of Pharmacy and Dentistry, and 3 of the already certified FP Residency Program preceptors. All 5 certified preceptors were invited, but 2 were in Bucharest attending other training sessions

* Drs Swamidoss and Williams also conducted 2 sessions with the General Practice Society of Cluj Judet. Many topics were discussed, but a primary area of concern was the organization and actual conduct at a practical level of medical education of General Practice physicians, both at the University and Residency level, as well as continuing medical education

* Gifts-In-Kind (GIK) medical textbooks received in Sept , 1995, were distributed to the GP Society library and the hospital libraries used by community GPs throughout Cluj Judet

* Survey to ascertain interest in PHC and in precepting of medical students and FP residents was developed and distributed to every identified GP in Cluj Judet. The responses were evaluated and tabulated for help in selecting GPs to participate in PHC Training Workshops to be held in 1996, and also in determining PHC topics of interest to these GPs

* Initial plans for these PHC Training Workshops were made. In our discussion of the DIP, Dr Micka, head of the Medical Projects section of USAID in Romania, emphasized the need to include "safe injection techniques" as well as "strategies to change from injectable to oral medications for the majority of illnesses". She also emphasized the need to develop pre- and post-workshops evaluations.

* Two meetings were held with the Ministry of Health (MOH) in Cluj Judet. The first was with Dr Udria, Deputy Director Sanitar, Dr M Hanson, the PHC II project director, and Jules Frost from WVRD, regarding general objectives and strategies of PHC II. Dr Udria expressed some dissatisfaction with PHC I activities, especially regarding site selection, which predates the present MOH administration. However, she was supportive of our explanation of the PHC II project goals and design. The second meeting was between Dr Albu, Director Sanitar, and Dr Hanson. Dr Albu also seemed supportive of the project in general, especially of the plans to train GPs in PHC, and she insisted that she be in charge of appointing the GP workshop participants, in order to assure that the ones receiving the training are the same ones that she will select to be FP resident preceptors. She also expressed concern about the intention of the University to begin a field practicum for medical students, since that would require time and effort on the part of GPs, who are MOH employees, for MOE related activities. She stated that she might not approve of a field practicum for the medical students unless the GP preceptors are paid by the MOE for this aspect of their work. Another issue was the need for her to seek approval from the MOH in Bucharest for the GPs to receive time off work to attend the PHC Workshops as well as to receive a certificate for their attendance.

* Plans were made to invite GPs from each of the 42 other judets in Romania to the International PHC Conference. Their expenses will be subsidized by the project. Their selection will be based on active involvement in FP residency precepting or GP continuing medical education.

C OUTCOME #3 ACCOMPLISHMENTS

Outcome 3- The PHC II Project will introduce the concept and model of primary health care to the directors of medical reform and to the leadership of the other state medical schools in Romania.

Output: 3.1 PHC principles and practices are presented at the International PHC Conference to directors of medical reform and the leadership of other accredited medical schools in Romania.

* Plans were made to invite the directors of medical reform and the leadership of the other state medical schools (only state medical schools currently have received accreditation) to the International PHC Conference.

* Meetings were held with Mr Don Duffy and Dr Paul Lairson, who have worked with a USAID project in the judets of Sibiu and Bistrita. They shared their insights regarding the process of medical reform in these judets, and how the GPs there were interested in working with the UMP Cluj for continuing medical education. Dr Micka of USAID expressed her desire that several of these GPs be invited to the Intl PHC Conference.

D OUTCOME #4 ACCOMPLISHMENTS Same as Outcome #1

Outcome 4 A total of 2582 medical students, 90 Family Practice Residents and 175 General Practitioners will be trained in PHC principles and practices

Output. Same as 1 1-1 4 and 1 6-1 8

E. PROBLEMS

* The greatest obstacles this project faces have to do with the current lack of communication and cooperation between the MOH and the MOE, and their differing perspectives with regard to the role of GPs in the health care system. This is further complicated by the need for top-level approval for what seems to be the most basic decisions. This means all significant decisions requiring MOH or MOE approval are made in Bucharest, especially in the MOH, often with weeks or months of inactivity on requests made.

* Dr. Albu, Director Sanitar in Cluj, has approached the MOH in Bucharest for approval of GP time off for the PHC workshops, and there has been no response. Dr. Bocsan and a colleague from the UMP visited the office of Postgraduate Education (in charge of residency programs throughout the country) and were referred to Dr. Restian, head of the FP Residency Program and GP continuing medical education. Dr. Restian stated that he thought it was more important for World Vision to finance a trip to Stockholm for himself for a medical conference. He has not yet approved the time off for GPs to attend the PHC workshops or certification for the GPs who will be attending.

SECTION IV

OBJECTIVES FOR THE NEXT QUARTER

The primary objectives for the next quarter involve final preparation for the PHC Training Workshops for GPs. This includes the logistical details, preparation of workshop lectures, and resolving issues pertaining to the MOH. The first 2 - 3 of the five workshops will be held during this quarter.

Further preparations for the International PHC Conference, as well as external consultants and international PHC training activities will also be addressed.

Additional attempts will be made to establish cooperation between the various offices and personalities involved with the projects, upon whose cooperation the successful completion of some aspects of PHC II depends.

Appendix III

WORLD VISION ROMANIA
PRIMARY HEALTH CARE
CURRICULUM DEVELOPMENT PROJECT
QUARTERLY REPORT
JANUARY-MARCH 1996

SECTION I

The goal of the project is to improve the responsiveness, sustainability and effectiveness in the delivery of Primary Health Care in Romania through a mutual partnership and collaboration with the University of Medicine and Pharmacy (UMP) in Cluj-Napoca and the Ministry of Health. As a result of this project the UMP will be the first university within Romania to offer a Primary Health Care curriculum to its medical students and residents.

World Vision has had a 3 year Primary Health Care Project which began an innovative approach to improving health and health care among the remote rural (Maguri-Racatau), large urban (Zorilor and Manastur) and semi-urban (Feleacu) populations, located in the district of Cluj, by "having the community take responsibility for its own health care through Primary Health Care principles". This recent PHC model has succeeded in assisting and training health personnel and community leaders of the four project sites and in improving their effectiveness in delivering health services along PHC principles through workshops, seminars and other health education activities. In addition, the close collaboration with the UMP resulted in the introduction of 12 hours of PHC courses into the basic medical curriculum.

The current project builds on the successful model introduced in PHC I by targeting 3867 University students, residents, faculty members, general practitioners from the community, and MOH officials by piloting a package of four interventions which include design and introduction of a PHC curriculum and field practicum within the Medical School, design and integration of PHC lectures and nine-twelve month field practicum into the residency program in Family Practice, development of a PHC framework for the Schools of dentistry and Pharmacy, and training of faculty members and general practioners on PHC

The proposed program will have a long term impact by producing providers of primary health care who will focus on preventive medicine as well as curative medicine As a result, the communities will benefit from more comprehensive and integrated health care

SECTION II

A PROJECT GOAL

The goal of World Vision's project is to improve the responsiveness, sustainability, and effectiveness in the delivery of Primary Health Care in Romania through a mutual partnership and collaboration with the University of Medicine and Pharmacy and the Ministry of Health The purpose is to pilot a package of interventions that built upon the PHC model introduced in our first PHC project and include 1) design and introduction of a PHC curriculum within the Medical School, 2) development of a PHC framework for the Schools of Dentistry and Pharmacy, 3) design and integration of PHC curriculum into the residency program in Family Practice, 4) training of faculty members and general practioners in PHC, 5) support of our project partners through provision of GIK and compilation of a PHC working manual

B PURPOSES AND OUTPUTS

Listed below are the purposes and outputs for the project to be met by the end of project implementation

Purpose 1 To promote a more holistic approach to medicine at the University of Medicine and Pharmacy by integrating the concept of Primary Health Care into the Medical

	School curriculum
Outputs	<p>1 1 Sixty-one (61) hours of PHC courses are developed through the collaborative efforts of external consultancy and medical faculties within 8 months of grant date</p> <p>1 2 The PHC Curriculum is incorporated into the basic medical education beginning academic year 1995-1996</p> <p>1 3 Three thousand six hundred and forty (3640) medical students are registered in the PHC courses by September 30, 1996</p>
Purpose 2	To introduce the concept of PHC into the schools of Dentistry and Pharmacy
Outputs	<p>2 1 A 6 hour framework is developed for an entry level PHC curriculum within the school of Dentistry</p> <p>2 2 A 31 hour framework is developed for an entry level PHC curriculum within the School of Pharmacy</p>
Purpose 3	To provide practical primary health care exposure to residents in collaboration with the University of Medicine and Pharmacy and the Ministry of Health
Output	<p>3 1 Twelve (12) hours are developed and integrated into the residency program of Family Practice</p> <p>3 2 A six month PHC field practicum is designed and incorporated into the residency program</p> <p>3 3 At least ninety two (92) residents in Family Practice will complete the PHC curriculum by the end of academic year 1995-1996</p>
Purpose 4	To sustain PHC teaching and practice among University faculty members and general practitioners
Outputs	<p>4 1 At least 12 faculty members from the University will be trained as trainers in Primary Health Care</p> <p>4 2 At least 125 other faculty and general practitioners from the community will be trained in PHC concepts by new trainers</p>
Purpose 5	To support the ability of our project partners to sustain and enhance project impact
Outputs	5 1 A working manual is developed, compiled and translated in cooperation with

the University which includes lectures and PHC training materials

5.2 At least \$ 30,000 worth of program integrated gift-in-kind (GIK) will be provided to our project partners

C PROJECT LOCATION, DURATION AND TARGET POPULATION

The project will be implemented in partnership with the University of Medicine and Pharmacy and the Ministry of Health in Cluj-Napoca, which is located in the northwest of the country, in the middle of the Transylvania plateau, on the small Someş river valley. The city is located 480 km from the capital, Bucharest. The project is built on the successful model developed during the first 3-year World Vision Primary Health Care project which, through collaboration with the Ministry of Health, resulted in the training of local health professionals and other community leaders in PHC principles and practices at four dispensary project sites in the Cluj Judeţ.

In addition, the active participation and contribution of several medical professors as resource persons in PHC workshops, seminars and other project activities resulted in the initial introduction and integration of a total of 12 hours on the concept and key elements of PHC into the Epidemiology courses for second and sixth year medical students headed by Prof. Dr. Bocsan and in the curriculum of the Division of Family Practice headed by Prof. Dr. Condor. The integration began in October 1993. With this strong mutual collaboration and a firm determination of the institution to have an important role in promoting and supporting PHC in Romania, the University of Medicine and Pharmacy in Cluj was chosen as the project site.

For this project, the target population will be a combination of 3640 medical, dental and pharmacy students and 90 residents in the University's Department of Community Medicine and Family Practice (DCMFP). In addition, the program will also target 137 University faculty members and general practitioners trained in PHC for a total target population of 3867.

It is expected that the long term target population will include the succeeding future medical students and residents. The ultimate beneficiaries, however, will be the community's vulnerable groups, particularly women of child-bearing age, children under five and the elderly who will be reached through these future PHC doctors and other health professionals in their communities where presently their health needs are largely unmet.

D PROJECT DESCRIPTION

In order to accomplish the objectives stated above, five strategies will be pursued

- 1 Design and introduction of a PHC curriculum within the Medical School
- 2 Development of a PHC framework for the Schools of Dentistry and Pharmacy
- 3 Design and integration of PHC curriculum into the residency program in Family Practice
- 4 Training of faculty members and general practitioners in PHC
- 5 Support of project partners through compilation of working manual and distribution of project integrated Gifts-in-Kind

SECTION III

ACHIEVEMENTS

Because of considerable delay in obtaining project approval, many aspects of the initial proposal required modification. Because University curriculum changes were required to be submitted to the Ministry of Education by 4/1/95, for the 1995-96 academic year, the Department of Community Medicine and Family Practice (DCMFP) developed outlines for these changes based on the professors exposure to PHC during the PHC I project and with the assistance of the PHC II project director. Based on verbal acceptance of the project proposal in late April, 1995, the World Vision Cluj office was equipped for PHC II and staff were rehired. However, there was delay in written pre-grant authorization of expenditures, requiring World Vision to find and utilize non-grant funding for expenses incurred prior to June 22, 1995.

During the Summer months, the five division heads and other faculty members of the DCMFP continued to write the lectures on PHC to be presented during the 1995-96 academic year. Contracts with external consultants could not be arranged until after June 22, by which time the University academic year was drawing to a close, with much of the faculty being unavailable until September. Tentative plans were made for an external consultant to come in early October for the Division of Public Health, and in mid-October for the Division of Family Practice.

When the PHC II contract was finally approved and signed, on Oct 4, 1995, the budget required significant revision because of the shortened life of the project (project completion date 9/30/96) which both required and enabled new aspects and activities in the project. The detailed Implementation Plan was submitted on Dec 4, 1995 with these proposed changes. Dr. M. Micka, of USAID, was supportive of these proposed changes, and made suggestions for additional changes as well. The DIP rewrite was submitted Jan 17. Because of these changes, not all project activities fit well into the currently approved Log Frame of the original proposal. The following are project accomplishments organized according to the Outcomes and Outputs of the rewritten DIP, which include all purposes and outputs of the original proposal, as well as the new components

A ACHIEVEMENTS PRIOR TO THIS QUARTER

OUTCOME #1 AND ACCOMPLISHMENTS

- Outcome 1 A new and comprehensive educational program meeting international standards is developed and implemented within the University of Medicine and Pharmacy (UMP) in Cluj Judet by 9/96, teaching Primary Health Care (PHC) principles and practices
- Outputs
- 1.1 Sixty-one (61) hours of PHC courses are developed and incorporated into medical school curriculum
 - 1.2 A four week summer PHC practicum is developed for the 3rd and 5th year medical students
 - 1.3 Twelve PHC curriculum hours are developed and integrated into the 3rd year of the Family Practice (FP) residency program
 - 1.4 The nine to twelve month field practicum for FP residents is redesigned and implemented to incorporate PHC principles and practices into the FP residency program
 - 1.5 A detailed PHC curriculum framework is developed and approved for the School of Pharmacy (31 hours) and the School of Dentistry (6 hours)

1 6 At least 12 faculty members from the UMP are capable and motivated as trainers in PHC

1 7 Teaching slides are prepared by the five divisions of the Department of Community Medicine and Family Practice (DCMFP) for use in their PHC lectures

1 8 A teaching manual is developed, compiled, translated, and printed in cooperation with the University, which includes lectures and PHC training materials including Health Education and Promotion, Immunizations, Hygiene, Maternal and Child Health Care, Patient Education Regarding Appropriate Treatment of Common Diseases and Injuries, and Biostatistics Applied to PHC Management

* An external consultant from Howard University, Washington, D C , Dr P Swamidoss, consulted with regard to curriculum design and content with all of the Division Heads of the DCMFP from Oct 8 - Nov 1, 1995 He worked especially with Dr Stamatiu and the other faculty members in the Division of Public Health (The area of Public Health suffered particularly during the communist years, because Public Health was redefined according to the Soviet model to include primarily the systems control of the field of medicine and its physicians, rather than to identify and solve the problems in public health)

* Another external consultant from Howard University, Washington, D C , Dr H Williams, Acting Chairman of the Dept of Family Practice, consulted from Oct 15 - 22 with Dr Condor, head of the Division of Family Practice, and other members of the faculty of her division, regarding curriculum design and content in Family Practice relating to PHC He also worked with Drs Bocsan, chairman of the DCMFP and head of the Division of Epidemiology, and Stamatiu and their colleagues

* Both Drs Swamidoss and Williams were very well received by the DCMFP, and plans were made for them to return for follow-up consultations in May, 1996

* A new secretary/ translator for Dr Bocsan's office was hired on Dec 15, to replace the original employee, who had resigned suddenly due to health concerns

* Dr Bocsan conferred with the deans of the Schools of Pharmacy and Dentistry and was

assured that the development of the written PHC framework is progressing well. Plans were made to include an external consultant in Pharmacy, pending approval of the DIP.

* Plans were made for an International PHC Conference to be held in Cluj in May, 1996, with the purpose of extending the availability of education in PHC to faculty members and other Physicians outside of the DCMFP. Initial announcements and invitations were sent out in early December to potential international participants who have previously expressed interest in PHC to Dr. Bocsan. Plans were made to arrange for the return of Drs. Swamidoss and Williams for this conference, as well as external consultants in Biostatistics and Epidemiology. All of the external consultants will also participate in curriculum review and revision in the various divisions of the DCMFP prior to the conference itself.

* Plans were made for international PHC training for DCMFP faculty members. Proposed sites include the Center for Disease Control in Atlanta, Georgia, for Biostatistics, Howard University in Washington, D.C., and affiliated institutions for Family Practice and possibly Public Health, and the University of Edinburgh, Scotland, for Patient Education/ Epidemiology and Hygiene/ Nutrition. The actual number of international PHC training programs will depend in part on the ability to negotiate favorable tuition and other expenses. International PHC training unfortunately can not occur until the 4th and 5th quarters of the project because of the teaching responsibilities of the DCMFP faculty.

* Meetings were held with Dr. Miu, head of all the residency programs for Cluj Judet, who strongly supported the PHC II project, as well as Dean Mircea and Rector Pascu of the UMP Cluj, who likewise expressed their support.

* Drs. Bocsan, Lapusan and Malai began the correspondence course in Management through the Open University in Bucharest. This course is an international course development by Oxford University.

* A press conference was held Oct 28 in Cluj to publicize the PHC II Project to MOH and MOE officials, members of the press, community leaders and the general public.

OUTCOME #2 AND ACCOMPLISHMENTS

Outcome 2 The General Practice / Family Practice (GP/FP) medical community in Cluj Judet

is strengthened in its ability to provide better quality and more holistic medical care according to PHC principles

- Outputs
- 2 1 140 General Practitioners (GPs) trained in PHC principles and practices regarding patient care and in teaching techniques for precepting of medical students and FP residents
 - 2 2 At least 50 GP's from other Romanian judets and other professionals from within and outside Cluj receive education in PHC principles at the International PHC Conference

* Drs Swamidoss and Williams conducted 3 Training of Trainers workshops with a total of 19 or more attendees, including more than 12 faculty members of the DCMFP, 1 representative of each of the Schools of Pharmacy and Dentistry, and 3 of the already certified FP Residency Program preceptors. All 5 certified preceptors were invited, but 2 were in Bucharest attending other training sessions.

* Drs Swamidoss and Williams also conducted 2 sessions with the General Practice Society of the Cluj Judet. Many topics were discussed, but a primary area of concern was the organization and actual conduct at a practical level of medical education of General Practice physicians, both at the University and residency level, as well as continuing medical education.

* Gifts-in-Kind (GIK) medical textbooks received in Sept , 1995, were distributed to the GP Society library and the hospital libraries used by community GP's throughout Cluj Judet.

* Survey to ascertain interest in PHC and in precepting of medical students and FP residents was developed and distributed to every identified GP in Cluj Judet. The responses were evaluated and tabulated for help in selecting GPs to participate in PHC Training Workshops to be held in 1996, and also in determining PHC topics of interest to these GPs.

* Initial plans for these Training workshops were made. In our discussion of the DIP, Dr Micka, health projects advisor of USAID in Romania, emphasized the need to include "safe injection techniques" as well as "strategies to change from injectable to oral medications for the majority of illnesses". She also emphasized the need to develop pre- and post-workshop evaluations.

* Two meetings were held with the Ministry of Health (MOH) in Cluj Judet. The first was with Dr Udrea, Deputy Director Sanitar, Dr M. Hanson, the PHC II project director, and Jules

Frost from WVRD, regarding general objectives and strategies of PHC II Dr Udrea expressed some dissatisfaction with PHC I activities, especially regarding site selection, which predates the present MOH administration However, she was supportive of our explanation of the PHC II project goals and design The second meeting was between Dr Albu, Director Sanitar, and Dr Hanson Dr Albu also seemed supportive of the project in general, especially of the plans to train GPs in PHC, and she insisted that she be in charge of appointing the GP workshop participants, in order to assure that the ones receiving the training are the same ones that she will select to be FP resident preceptors She also expressed concern about the intention of University to begin field practicum for medical students, since that would require time and effort on the part of GPs, who are MOH employees, for MOE related activities She stated that she might not approve of a field practicum for the medical students unless the GP preceptors are paid by the MOE for this aspect of their work Another issue was the need for her to seek approval from the MOH in Bucharest for the GPs to receive time off work to attend the PHC Workshops, as well as to receive a certificate for their attendance

* Plans were made to invite GPs from each of the 42 other judets in Romania to the International PHC Conference Their expenses will be subsidized by the project Their selection will be based on active involvement in FP residency precepting or GP continuing medical education

OUTCOME #3 AND ACCOMPLISHMENTS

Outcome 3 The PHC II Project will introduce the concept and model of primary health care to the directors of medical reform and to the leadership of the other state medical schools in Romania

Output 3.1 PHC principles and practices are presented at the International PHC Conference to directors of medical reform and leadership of other accredited medical schools in Romania

* Plans were made to invite the directors of medical reform and the leadership of the other state medical schools (only state medical schools currently have received accreditation) to the International PHC Conference

* Meetings were held with Mr Don Duffy and Dr Paul Lairson, who have worked with a USAID project in the judets of Sibiu and Bistrita. They shared their insights regarding the process of medical reform in these judets and how the GPs there were interested in working with the UMP Cluj for continuing medical education. Dr Micka of USAID expressed her desire that several of these GPs be invited to the International PHC Conference.

OUTCOME #4 AND ACCOMPLISHMENTS

Outcome 4 A total of 2582 medical students, 90 Family Practice Residents and 140 General Practitioners will be trained in PHC principles and practices

Outputs same as 1 1 - 1 4 and 1 6 - 1 8

E ACHIEVEMENTS OF THIS QUARTER

OUTCOME #1 AND ACCOMPLISHMENTS

Outcome 1 A new and comprehensive educational program meeting international standards is developed and implemented within the University of Medicine and Pharmacy (UMP) in Cluj Judet by 9/96, teaching Primary Health Care (PHC) principles and practices

Outputs 1 1 Sixty-one (61) hours of PHC courses are developed and incorporated into medical school curriculum

1 2 A four week summer PHC practicum is developed for the 3rd and 5th year medical students

1 3 Twelve PHC curriculum hours are developed and integrated into the 3rd year of the Family Practice (FP) residency program

1 4 The nine to twelve month field practicum for FP residents is redesigned and implemented to incorporate PHC principles and practices into the FP residency program

1 5 A detailed PHC curriculum framework is developed and approved for the School of Pharmacy (31 hours) and the School of Dentistry (6 hours)

1 6 At least 12 faculty members from the UMP are capable and motivated as trainers in PHC

1 7 Teaching slides are prepared by the five divisions of the Department of Community Medicine and Family Practice (DCMFP) for use in their PHC lectures

1 8 A teaching manual is developed, compiled, translated, and printed in cooperation with the University, which includes lectures and PHC training materials including Health Education and Promotion, Immunizations, Hygiene, Maternal and Child Health Care, Patient Education Regarding Appropriate Treatment of Common Diseases and Injuries, and Biostatistics Applied to PHC Management

* The PHC lectures continued to be written and revised by the DCMFP faculty, with the aid of the consultancy reports produced by Drs Swamidoss and Williams for the Division of Public Health and Family Practice, respectively These lectures also will provide the basis for the teaching manual

* PHC lectures for the 3rd year General Practice residents were begun by Dr Condor

* Dr Bocsan met with the Dean of the School of Dentistry and confirmed that good progress is being made on the curriculum framework for the School of Dentistry

* Dr Bocsan met with the Dean of the School of Pharmacy and confirmed that good progress is being made on the curriculum framework for the School of Pharmacy

* An external consultant in Pharmacy, Dr Rosalyn King of Howard University, was contacted and agreed to come to Cluj in May to consult in PHC curriculum development in Pharmacy, pending approval of the revised DIP

* Arrangements were made for the return of Dr Swamidoss in May, to review the newly developed Public Health curriculum and lectures, and make recommendations for further changes to assure that international standards are met

* Arrangements were made for the return Dr Williams in May, to review the newly developed

Family Practice curriculum and lectures, and make recommendations for further changes to assure that international standards are met

- * Arrangements were made for the external consultancy of Dr Philip Brachman of Emory University in May, to consult with the Division of Epidemiology in PHC curriculum development, and make recommendations for changes to assure that international standards are met

- * Arrangements were made for the external consultancy of Dr Virgil Peavey of CDC in Atlanta, Georgia in May, to consult with the Division of Biostatistics in PHC curriculum development, and to make recommendations for changes to assure that international standards are met Note that Dr Peavey's consultancy will not be supported by USAID or World Vision funding in any way

- * Dr Condor was selected to redesign the 9 -12 month field practicum for GP residents to incorporate PHC principles and practices into the GP residency program

- * PHC and Primary Care textbooks were purchased for the DCMFP library

OUTCOME #2 AND ACCOMPLISHMENTS

Outcome 2 The General Practice / Family Practice (GP/FP) medical community in Cluj Judet is strengthened in its ability to provide better quality and more holistic medical care according to PHC principles

Outputs 2 1 140 General Practitioners (GPs) trained in PHC principles and practices regarding patient care and in teaching techniques for precepting of medical students and FP residents

2 2 At least 50 GPs from other Romanian judets and other professionals from within and outside Cluj receive education in PHC principles at the International PHC Conference

- * The first of our four seminars on Primary Health Care topics was held February 20-24, 1996 in Cluj at the Hotel "Transilvania" 35 GPs from the community attended and were trained in PHC principles and practices, as well as techniques for precepting of Family Practice residents

Welcome speeches at the opening of the Seminar were given by Mr Charles Dokmo, World Vision Romania Country Director, Dr Silvia Albu, Director of the local MOH, and Dr George Haber, Vice President of the Romanian General Practice Society. During the Seminar 19 lecturers presented and addressed 30 PHC topics. The lecturers were selected from the UMP faculty and from the GP Residency Program Trainer.

- * The second workshop on PHC Training for GP's was held on March 19-23, 1996. Another 35 GP's were invited, and over 25 attended despite difficulties that had come up with then local MOH.

- * Pre- and post-workshop tests were developed, conducted and evaluated for both workshops.

- * Lecture evaluations were developed, conducted and evaluated for both workshops.

- * Evaluations and post-tests from the 1st workshop were utilized in modifying and refining lecture topics for the 2nd workshop.

- * Representatives from the MOH of the Republic of Moldova attended each Training workshop.

- * Health information materials (books, brochures, posters, articles, xerox copies on abstracts of the lecturers presentations) were distributed to all the participants in the workshop at their request.

- * Multiple meetings were held by Dr Milton Hanson, PHC project director, with Mrs Albu, head of the Cluj Judet MOH, and with Dr Restian, head of the Institute of Postgraduate Education, division of General Practice residency training and continuing medical education, in the MOH, to gain approval by the MOH for the GP Training Workshops.

- * Verbal but not written approval was obtained from both the local MOH and the MOH in Bucharest for the first workshop, and verbal approval was obtained from the MOH in Bucharest for the 2nd workshop.

- * Agreement was reached with the Institute of Postgraduate Education in the MOH in Bucharest regarding separation of the GP Training Workshops from any control by the University of Medicine and Pharmacy in Cluj, in order to gain official written MOH approval for the GP Training workshops.

- * Dr Bocsan, head of the DCMFP, continued organizing and developing the International PHC Conference, to be held May 27-31, 1996.

- * Invitations to the above conference for GPs were sent to local MOH director of every judet.

in Romania, the director being asked to appoint one or more GPs to attend the conference

* GIK medical textbooks continued to be distributed to GPs in the Cluj judet who were interested in receiving them More GIK textbooks were received and distribution begun

OUTCOME # 3 AND ACCOMPLISHMENTS

Outcome 3 The PHC II Project will introduce the concept and model of primary health care to the directors of medical reform and to the leadership of the other state medical schools in Romania

Output 3 1 PHC principles and practices are presented at the International PHC Conference to directors of medical reform and leadership of other accredited medical schools in Romania

* Initial and follow-up invitations to the International PHC Conference were sent to the directors of medical reform and to the leadership of the other state medical schools in Romania

* Dr Bocsan continued to organize the International PHC Conference, both with regard to the logistical details and the presenters and participants

* The external consultants in Family Practice, Public Health, Epidemiology, Biostatistics, and Pharmacy were asked to prepare topics to present at the International PHC Conference

OUTCOME #4 AND ACCOMPLISHMENTS

Outcome 4 A total of 2582 medical students, 90 Family Practice Residents and 140 General Practitioners will be trained in PHC principles and practices

Outputs same as 1 1 - 1 4 and 1 6 - 1 8

* PHC lectures continue to be presented pending final review and revisions at the end of the 1995-96 academic year

* Completion of distribution of GIK received in 9/95

* Receipt of additional GIK primarily medical textbooks in 2/96

* Distribution begun of GIK received in 3rd quarter

F PROBLEMS

* The greatest obstacles this project faces have to do with the current lack of communication and cooperation between the MOH and the MOE, and their differing perspectives with regard to the role of GP's in the health care system. This is further complicated by the need for top-level approval for what seems to be the most basic decisions. This means all significant decisions requiring MOH or MOE approval are made in Bucharest, especially in the MOH, often with weeks or months of inactivity on requests made.

* The Institute for Postgraduate Education in the MOH in Bucharest appears to feel threatened by the UMP Cluj/MOE, and they appear to believe, despite our assurance otherwise, that this project desires to put the Universities in charge of continuing medical education, which currently is the jurisdiction of the MOH. Because of this, just prior to the second GP Training workshop, a meeting was held resulting in a formal document be drawn up separating the GP workshop activities from any UMP-Cluj jurisdiction. This does not preclude cooperation however, between the UMP and the GP project activities.

* There also appear to be resentments toward World Vision staff by various figures in the local MOH which predate the PHC II project, but which seem to be hampering the necessary approvals and cooperation of the local MOH.

* The mid-term evaluation according to the DIP had to be postponed. The original contract according to the proposal calls for an external evaluator. The DIP calls for an Internal evaluation. This change was made because of the shortened life of the project. Because of the delay in approval of the DIP, the Internal evaluation has been postponed pending a decision by USAID relative to the DIP.

* The funding for the International PHC Conference still remains uncertain because of this same delay in final approval of the DIP. However, all concerned in World Vision seem to be convinced of the value of this conference and have pledged their efforts to assuring its success in spite of the uncertainty of approval of funding by USAID. There is also the issue of fairness

with regard to this whole matter which also seems to support that the conference should be allowed to proceed in spite of bureaucratic delays and obstacles

* The project director and his wife, also a volunteer consultant with the project, flew to the United States in late March because of a medical problem. However, it was found not to be a problem requiring surgery, and the resolution of the problem, especially the rate and degree of recovery, are uncertain at present. The director and his wife are returning to Bucharest in late April. They have been able to participate in some activities, such as preparing this report and other administrative details, with the help of Fax and email. They will not be able to travel to Cluj until at least early May. The Cluj staff, as well as the MEERO office in Vienna, the WVRD office, and the office in Bucharest, have all been most helpful in filling in for them.

SECTION IV

OBJECTIVES FOR THE NEXT QUARTER

The primary objectives for the next quarter include completion of more GP workshops, hopefully both with approval and cooperation from the MOH.

The International PHC Conference will also be held in late May. This will include multiple presenters, including the external consultants who are scheduled to be consulting in Cluj both before and after the Conference.

Several members of the DCMFP faculty will participate in International Training opportunities in the U.S. and U.K. The exact number and extent of their activities will depend on the costs for airfare, accommodations, and the actual tuition involved. It had been hoped that some of the faculty members would be able to receive training without tuition expenses, but this is not as certain as had been initially thought.

Appendix IV

LOGICAL FRAMEWORK FOR PHC II PROJECT - WORLD VISION ROMANIA

2ND QUARTER REPORT -- OCTOBER - DECEMBER, 1995

Project Goal: To improve the responsiveness, sustainability, and effectiveness of PHC delivery in Romania, in collaboration with the University of Medicine and Pharmacy and the Ministry of Health				
Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr. 2	Objectives Qtr. 3
Purpose 1: To promote a more holistic approach to medicine at the University of Medicine and Pharmacy by integrating the concepts of PHC into the medical school curriculum				
Output 1 1: Sixty-one hours of PHC courses are developed through the collaborative efforts of external consultancy and medical faculties within 8 months of grant start date	- Number of hours of PHC courses developed within 8 months of grant start date	<p>World Vision Cluj office was equipped and staff hired for PHC II project</p> <p>A new office for Dr Boosun was rented and equipped, and a secretary/translator hired, for the University component of PHC II.</p> <p>American specialists in Environmental and Occupational Medicine involved in EHP project collaborate with PHC II in curriculum review and rewrite for the Hygiene Division of DCMFP in May and Oct 1995</p> <p>- American specialists in Public Health and Family Practice consult with their respective divisions in the UMP regarding curriculum review and rewrite in these divisions</p>	<p>- Dr P Swamidoss, from Washington, D C , came to consult with the Division of Public Health in the DCMFP to help them rewrite their curriculum based on PHC principles in 10/96</p> <p>- Dr H Williams, from Washington, D C , came to consult with the Division of Family Practice to help them review and/or rewrite their PHC curriculum in 10/96</p>	Based on the final reports from the 10/95 consultations with Drs Swamidoss and Williams, the heads of the divisions of Public Health and Family Practice will continue to review and modify their PHC lectures as needed

Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr. 2	Objectives Qtr. 3
Output 1.2: The PHC curriculum is incorporated into the basic medical education beginning academic year 1995-96	PHC curriculum increases from 12 to 73 hours in the medical school by beginning of 1995-96 academic year	<ul style="list-style-type: none"> - Initial PHC lectures for medical school curriculum were written by the 5 division heads in the Department of Community Medicine and Family Practice, prior to the start of the 1995-96 academic year - In 10/95, lectures in PHC topics were begun by the DCMFP. 	<ul style="list-style-type: none"> - Lectures being given by all faculty in the DCMFP 	Continuing refinement of PHC lectures by faculty of the DCMFP
Output 1.3 3640 medical students are registered in the PHC courses by 9/30/96	- Number of medical students registered in PHC courses by end of project	Received approval by the Ministry of Education for project proposal curriculum changes in April, 1995	--	--

Purpose 2: To introduce the concept of PHC into the Schools of Dentistry and Pharmacy				
Output 2.1 A 6 hour framework is developed for an entry level PHC curriculum within the School of Dentistry	- Written framework for developing 6 hours of PHC curriculum in School of Dentistry	<ul style="list-style-type: none"> - Dean of the School of Dentistry supports the concept of PHC and supports introduction of course hours on this subject - Development of PHC framework is in process 	<ul style="list-style-type: none"> - Representative from the School of Dentistry attended PHC Training of Trainers workshops given by Dr. Swandoss and Williams - Development of PHC framework is in process 	- University Coordinator for PHC will meet with the dean to confirm that PHC framework development is progressing
Output 2.2 A 31 hour framework is developed for an entry-level PHC curriculum within the School of Pharmacy	- Written framework for developing 31 hours of PHC curriculum in School of Pharmacy	<ul style="list-style-type: none"> - Dean of the School of Pharmacy supports the concept of PHC and supports introduction of course hours on this subject - Development of PHC framework is in process 	<ul style="list-style-type: none"> - Representative from the School of Pharmacy attended PHC Training of Trainers workshops given by Dr. Swandoss and Williams - Development of PHC framework is in process 	- University Coordinator for PHC will meet with the dean to confirm that PHC framework development is progressing

Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr. 2	Objectives Qtr. 3
Purpose 3. To provide primary health care exposure to residents in collaboration with the University of Medicine and Pharmacy and Ministry of Health				
Output 3.1 12 hours are developed and integrated into the residency program of Family Practice	- Numbers of hours developed -Numbers of hours integrated into the residency program	- Head of the Division of Family Practice in the DCMFP has developed and presented 12 hours of PHC lectures to some of the 1995 3rd year residents	--	- PHC lectures begin for the 1996 3rd year residents
Output 3.2. A 6 month PHC field practicum is designed and incorporated into the residency program	- Field practicum incorporated into the residency program	- Ministry of Health in Cluj Judet has expressed support for PHC and intention of incorporating PHC into the existing field practicum	- Discussions held with Director Sanitar (MOH) in Cluj Judet to clarify status of field practicum relative to PHC	To encourage MOH to appoint residents to PHC trained preceptors and require PHC training for all present and future preceptors
Output 3.3. At least 92 residents in FP complete the PHC curriculum by the end of academic year 1995-96	-Number of residents completing curriculum	- 88 residents completed their 3rd year of FP residency in 12/95--some of these residents received PHC lectures from members of the Division of FP	- -	- To verify that all the new 3rd year FP residents in Cluj Judet receive the 12 hours of PHC lectures - To verify that all the 3rd year FP residents spend at least part of 1996 with a PHC trained preceptor

Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr. 2	Objectives Qtr. 3
Purpose 4: To sustain PHC teaching and practice among University faculty members and general practitioners				
Output 4.1 At least 12 faculty members from the University are trained as trainers in PHC	10 of medical school faculty members trained as trainers -1 faculty member from School of Dentistry and 1 from School of Pharmacy trained as trainers	-Prior to the official grant start date, EHP specialists had given workshops in 5/95 with regard to TOT, as well as environmental and occupational health topics to more than 12 faculty members of the DCMFP, as well as the 5 currently certified FP resident preceptors - In 10/95, American specialists in FP and Public Health presented 3 additional TOT workshops to the same audience	- In 10/95, American specialists in FP and Public Health presented 3 additional TOT workshops to members of the DCMFP, as well as the current FP resident preceptors	-
Output 4.2 At least 125 other faculty and general practitioners from the community are trained in PHC concepts by the new trainers	- Number of other faculty and general practitioners trained in PHC concepts Number trained by new PHC trainers	- Preparation for 5 - 5-day workshops to be begun in 2/96 made - Survey created, sent and replies evaluated and tabulated re interest in PHC and precepting - Topics selected for GP PHC Training Workshops	- Preparation for 5 - 5-day workshops to be begun in 2/96 made Survey created, sent and replies evaluated and tabulated re interest in PHC and precepting - Topics selected for GP PHC Training Workshops	- Presentation of first 2-3 GP PHC Training Workshops To receive MOH approval for time off work for GP participation - To develop Pre- and Post-test evaluations for workshops

Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr. 2	Objectives Qtr. 3
Purpose 5: To support the ability of our project partners to sustain and enhance project impact				
Output 5.1 A working manual is developed, compiled and translated in cooperation with the University which includes lectures and PHC training materials	At least 100 working PHC manuals produced - Manuals have a minimum of 5 major categories including Health Education, Immunization, Hygiene, Mother and child care, and Basle treatment	PHC lectures written and initial lectures presented for academic year 1995-96 by DCMFP faculty members	- Remainder of PHC lectures written and initial lectures presented for academic year 1995-96 by DCMFP faculty members	- PHC lectures continue to be presented, pending final revisions at end of academic year 1995-96
Output 5.2 At least \$30,000 worth of program integrated Gifts-in-Kind will be provided to our project partners	- Amount of program integrated GIK utilized by University	- 7 pallets of current medical texts including information on PHC topics received in 9/95 Distribution plans for textbooks developed and initiated	- Distribution of GIK medical textbooks implemented	Completion of distribution of present GIK - Additional textbooks expected

Appendix V

LOGICAL FRAMEWORK FOR PHC II PROJECT - WORLD VISION ROMANIA

3RD QUARTER REPORT - JANUARY - MARCH, 1996

Project Goal. To improve the responsiveness, sustainability, and effectiveness of PHC delivery in Romania, in collaboration with the University of Medicine and Pharmacy and the Ministry of Health				
Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr 3	Objectives Qtr 4
Purpose 1 To promote a more holistic approach to medicine at the University of Medicine and Pharmacy by integrating the concepts of PHC into the medical school curriculum				
Output 1 1 Sixty one hours of PHC courses are developed through the collaborative efforts of external consultancy and medical faculties within 8 months of grant start date	Number of hours of PHC courses developed within 8 months of grant start date	<ul style="list-style-type: none"> - World Vision Cluj office was equipped and staff hired for PHC II project - A new office for Dr Bocsan was rented and equipped, and a secretary/translator hired, for the University component of PHC II American specialists in Environmental and Occupational Medicine involved in EHP project collaborate with PHC II in curriculum review and rewrite for the Hygiene Division of DCMFP in May and Oct 1995 American specialists in Public Health and Family Practice consult with their respective divisions in the UMP regarding curriculum review and rewrite in these divisions 	<ul style="list-style-type: none"> - Division heads of the DCMFP continue to review and modify their PHC lectures, based in part on the final reports from the 10/95 consultation by Drs Swamidoss and Williams 	<ul style="list-style-type: none"> - The division heads of the DCMFP will continue to review their PHC lectures as needed - External consultants in Family Practice will return in May External consultant in Public Health will return in May External consultant in Epidemiology will arrive in Cluj to conduct consultant activities in May External consultant in Biostatistics will arrive in Cluj to conduct consultant activities in May (not financed by World Vision or USAID) - Above consultants will review and recommend changes in curriculum - EHP project consultants return in this quarter to continue PHC related activities in the Division of Hygiene in the DCMFP

LOGICAL FRAMEWORK FOR PHC II PROJECT - WORLD VISION ROMANIA

3RD QUARTER REPORT - JANUARY - MARCH, 1996

JANUARY - MARCH 1996 QAR

Project Goal To improve the responsiveness, sustainability, and effectiveness of PHC delivery in Romania, in collaboration with the University of Medicine and Pharmacy and the Ministry of Health				
Outputs	Indicators of Achievements	Cumulative to this Quarter	Accomplishments Qtr 3	Objectives Qtr 4
Purpose 1 To promote a more holistic approach to medicine at the University of Medicine and Pharmacy by integrating the concepts of PHC into the medical school curriculum				
Output 1 1 Sixty one hours of PHC courses are developed through the collaborative efforts of external consultancy and medical faculties within 8 months of grant start date	- Number of hours of PHC courses developed within 8 months of grant start date	- World Vision Cluj office was equipped and staff hired for PHC II project A new office for Dr Bocsan was rented and equipped and a secretary/translator hired for the University component of PHC II American specialists in Environmental and Occupational Medicine involved in EHP project collaborate with PHC II in curriculum review and rewrite for the Hygiene Division of DCMFP in May and Oct 1995 American specialists in Public Health and Family Practice consult with their respective divisions in the UMP regarding curriculum review and rewrite in these divisions	- Division heads of the DCMFP continue to review and modify their PHC lectures, based in part on the final reports from the 10/95 consultation by Drs Swamidoss and Williams	- The division heads of the DCMFP will continue to review their PHC lectures as needed - External consultants in Family Practice will return in May - External consultant in Public Health will return in May - External consultant in Epidemiology will arrive in Cluj to conduct consultant activities in May - External consultant in Biostatistics will arrive in Cluj to conduct consultant activities in May (not financed by World Vision or USAID) - Above consultants will review and recommend changes in curriculum - EHP project consultants return in this quarter to continue PHC related activities in the Division of Hygiene in the DCMFP

Output 1 2 The PHC curriculum is incorporated into the basic medical education beginning academic year 1995 96	- PHC curriculum increases from 12 to 73 hours in the medical school by beginning of 1995 96 academic year	Initial PHC lectures for medical school curriculum were written by the 5 division heads in the Department of Community Medicine and Family Practice prior to the start of the 1995 1996 academic year In 10/95 lecturers in PHC topics were begun by the DCMFP Lectures being given by all faculty in the DCMFP	Continue refinement of PHC lectures by faculty of DCMFP	- Continued refinement of PHC lectures by faculty of DCMFP
Output 1 3 3640 medical students are registered in the PHC courses by 930/96	- Number of medical students registered in PHC courses by end of project	Initial discussions by Project Director Milton Hanson M D , with Mrs Albu, Director Sanitar, Cluj Judet, MOH, were held to discuss the training of GPs in PHC with the request that these GPs be used as preceptors for a summer PHC field practicum for medical students Received approval by the Ministry of Education for project proposal curriculum changes in April, 1995	- Further discussions with the Director sanitar of the MOH of Cluj Judet as well as with the MOH in Bucharest were held to encourage cooperation between the MOE and MOH regarding establishment of a summer field practicum for medical students	- Continuation of efforts to obtain permission from the MOH for the summer field practicum - The UMP will seek approval and cooperation from the MOH for the PHC summer field practicum for medical students
Purpose 2 To introduce the concept of PHC into the Schools of Dentistry and Pharmacy				
Output 2 1 A 6 hour framework is developed for an entry level PHC curriculum within the School of Dentistry	- Written framework for developing 6 hours of PHC curriculum in School of Dentistry	Dean of the School of Dentistry supports the concept of PHC and supports introduction of course on this subject Development of PHC framework is in process Representative from the School of Dentistry attended PHC Training of Trainers Workshop given by Dr Swamidoss and Williams	University Coordinator for PHC met with the Dean of the School of Dentistry and confirmed that PHC framework is progressing	- University Coordinator will continue to meet with the Dean of the School of Dentistry to monitor progress of PHC framework development

Output 2 2 A 31 hour framework is developed for an entry level PHC curriculum within the School of Pharmacy	Written framework for developing 31 hours of PHC curriculum in School of Pharmacy	Dean of the School of Dentistry supports the concept of PHC and supports introduction of course on this subject Development of PHC framework is in process Representative from the School of Dentistry attended PHC Training of Trainers Workshop given by Dr Swamidoss and Williams	University Coordinator for PHC met with the Dean of the School of Pharmacy and confirmed that PHC framework is progressing	University Coordinator will continue to meet with the Dean of the School of Pharmacy to monitor progress of PHC framework development External consultant in Pharmacy scheduled to arrive in Cluj in late May for consultation regarding PHC curriculum framework and actual curriculum development pending final approval of DIP
Purpose 3 To provide primary health care exposure to residents in collaboration with the University of Medicine and Pharmacy and Ministry of Health				
Output 3 1 12 hours are developed and integrated into the residency program of Family Practice	- Numbers of hours developed Numbers of hours integrated into the residency program	Head of the Division of Family Practice in the DCMFP has developed and presented 12 hours of PHC lecturers to some of the 1995 3rd year residents	PHC lectures began for the 1996 3rd year General Practice residents	- PHC lectures will continue for the 1996 3rd year residents
Output 3 2 A 6 month PHC field practicum is designed and incorporated into the residency program	Field practicum incorporated into the residency program	Ministry of Health in Cluj Judet has expressed support for PHC and intention of incorporating PHC into the existing field practicum Discussions held with Directia Sanitara (MOH) in Cluj Judet to clarify status of field practicum relative to PHC	Discussions held with Mrs Albu Director sanitar Cluj Judet to encourage her to appoint GP resident preceptors to attend the World Vision PHC Training Workshops	Further meetings will be held to discuss improvement of the GP residency program
Output 3 3 At least 92 residents in FP complete the PHC curriculum by the end of academic year 1995 96	Number of residents completing curriculum	- 88 residents completed their 3rd year of FP residency in 12/95 some of these residents received PHC lectures from members of the Division of FP		To verify that all the now 3rd year GP residents in Cluj Judet receive the 12 hours of PHC lectures To verify that all the 3rd year FP residents spend at least part of 1996 with a PHC trained preceptor
Purpose 4 To sustain PHC teaching and practice among University faculty members and general practitioners				

<p>Output 4 1 At least 12 faculty members from the University are trained as trainers in PHC</p>	<p>10 of medical school faculty members trained as trainers 1 faculty member from School of Dentistry and 1 from School of Pharmacy trained as trainers</p>	<p>Prior to the official grant start date EHP specialists had given workshops in 5/95 with regard to TOT as well as environmental and occupational health topics to more than 12 faculty members of the DCMFP, as well as the 5 currently certified FP resident preceptors In 10/95 American specialists in FP and Public Health presented 3 additional TOT workshops to the same audience</p>		<p>Returning external consultants in Public Health and Family Practice will conduct further TOT sessions in May</p>
<p>Output 4 2 At least 125 other faculty and general practitioners from the community are trained in PHC concepts by the new trainers</p>	<p>- Number of others faculty and general Practitioners trained in PHC concepts - Number trained by new PHC trainers</p>	<p>Preparation for 5-5 day workshops to be begun in 2/96 made - Survey created sent and replies evaluated and tabulated re interest in PHC and precepting - Topics selected for GP PHC Training Workshops</p>	<p>First 2 5-day Training Workshops for GP's conducted with 35 invites each Pre and post workshop tests developed, conducted and evaluated for both workshops Lecture evaluations developed conducted and evaluated for both workshops Evaluations and post tests from 1st workshop utilized in modifying and refining lecture topics for 2nd workshop Verbal but not written approval obtained from the MOH in Bucharest for these workshops Agreement was reached with the Institute of Postgraduate Education in the MOH in Bucharest regarding separation of the GP Training Workshops from any control by the University, in order to gain official written MOH approval</p>	<p>- To conduct 2 more GP Training Workshops with another 35 participants each To obtain written approval from both local and national MOH for participants at the GP Workshops</p>
<p>Purpose 5 To support the ability of our project partners to sustain and enhance project impact</p>				

Output 5 1 A working manual is developed compiled and translated in cooperation with the University which includes lectures and PHC training materials	At least 100 working PHC manuals produced - Manuals have a minimum of 5 major categories including Health Education Immunization Hygiene Mother and child care and Basic treatment	- PHC lectures written and initial lectures presented for academic year 1995 96 by DCMFP faculty members	PHC lectures continue to be presented pending final review and revisions at the end of the 1995 96 academic year	PHC lectures will continue to be presented pending final review and revisions at the end of the 1995 96 academic year -External consultants in Family Practice Public Health Epidemiology and Biostatistics review final curriculum and make recommendations for changes as needed -EHP project continues to work with the Hygiene Division of the DCMFP on its PHC curriculum
Output 5 2 At least \$30 000 worth of program integrated Gifts-in Kind will be provided to our project partners	- Amount of program integrated GIK utilized by University	7 pallets of current medical texts including information on PHC topics received in 9/95 Distribution plans for textbooks developed and initiated - Distribution of GIK medical textbooks implemented	Completion of distribution of GIK received in 9/95 - Receipt of additional GIK, primarily medical textbooks in 2/96 Distribution begun of GIK received in 3rd quarter	Continued distribution of GIK received in 2/96 - Possible selection and receipt of additional GIK textbooks and other possible materials

Appendix VI

Introduction

World Vision Romania is a Christian nongovernmental organization. The goal of the Primary Health Care II Project is to improve the responsiveness, sustainability and effectiveness in the delivery of Primary Health Care in Cluj county through a mutual partnership and collaboration with the University of Medicine and Pharmacy and the local Ministry of Health. Primary Care is essential health care based on practical, scientifically sound and socially acceptable methods, and with technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development, in the spirit of self reliance and self determination (Alma- Ata, 1978)

Objectives

- 1) To emphasize the new concept of Primary Health Care to the General Practitioners from Cluj county
- 2) To emphasize the interest of General Practitioners from Cluj county in Primary Health Care

Methodology

In October 1995, World Vision's Primary Health Care II Project developed a survey which involved 176 General Practitioners, specialists and residents in General Medicine from Cluj county

Evaluation questionnaire (example of questions)

- 1) If you would create a curriculum for continuous training of the General Practitioner in Primary Health Care which would be the first 5 chosen topics in order of their importance?
- 2) What kind of professional training activities do you recommend?

- lectures []	monthly []
- seminars and workshops []	quarterly []
- exchanging of experience []	biannual []
- practice []	
- access to the specialty literature and computer []	
- 3) Would you like to be involved in Primary Health Care problems among your colleagues? Yes/No or in the community? Yes/No
- 4) Would you like to be trained as a Primary Health Care instructor? Yes/No
- 5) Do you think it is good to accept in your activity and practice 2nd year medical students for a 1/2 day practical experience and 5th year medical students for a summer practicum in Primary Health Care? Yes/No

Please write your comments

Please fill your personal data if your are interested on the questionnaire's results

Name

Surname

Place of work and telephone

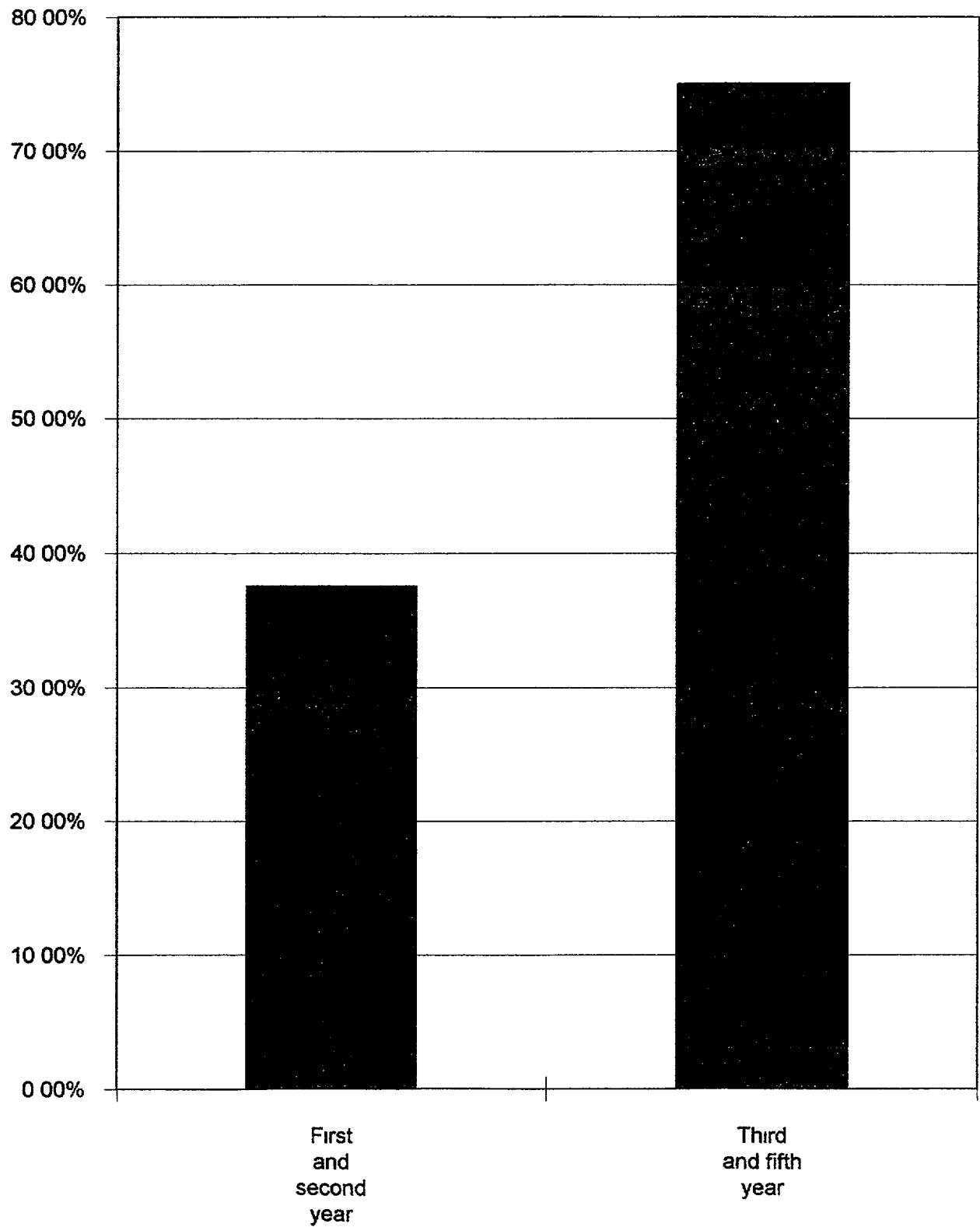
Conclusions

1) This study emphasizes the interest of General Practitioners in Primary Health Care

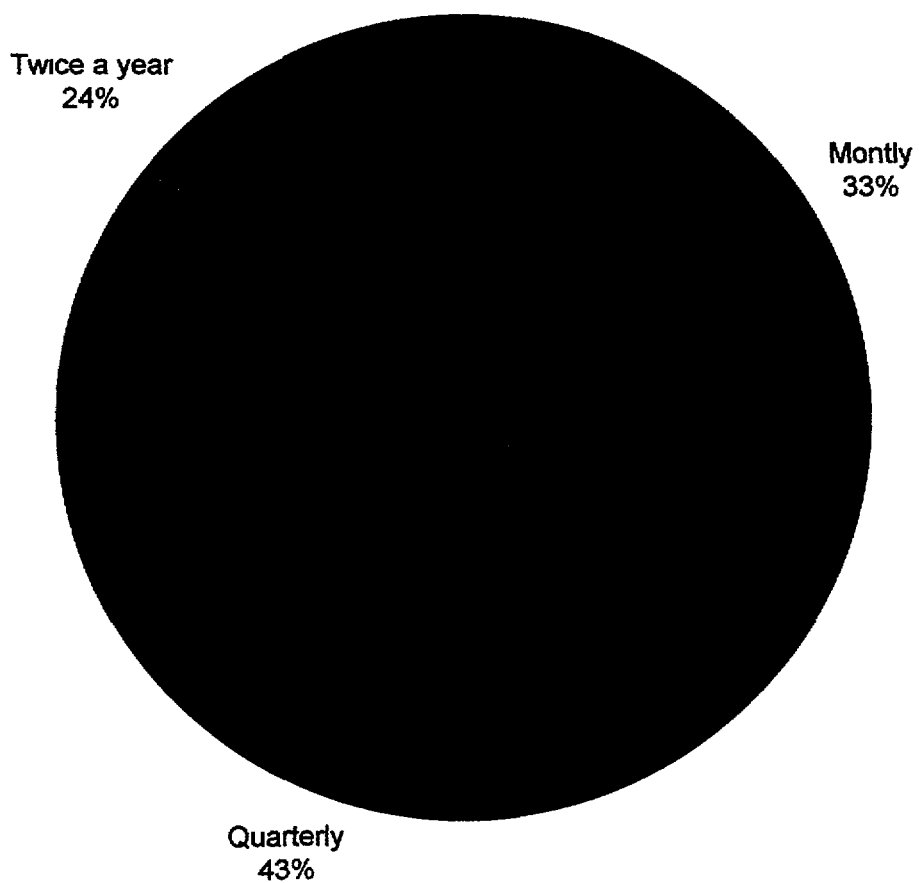
2) General Practitioners were directly involved in determining their needs in the field of Primary Health Care

3) Seminars and workshops are one of the most modern and appropriate ways for the training of General Practitioners

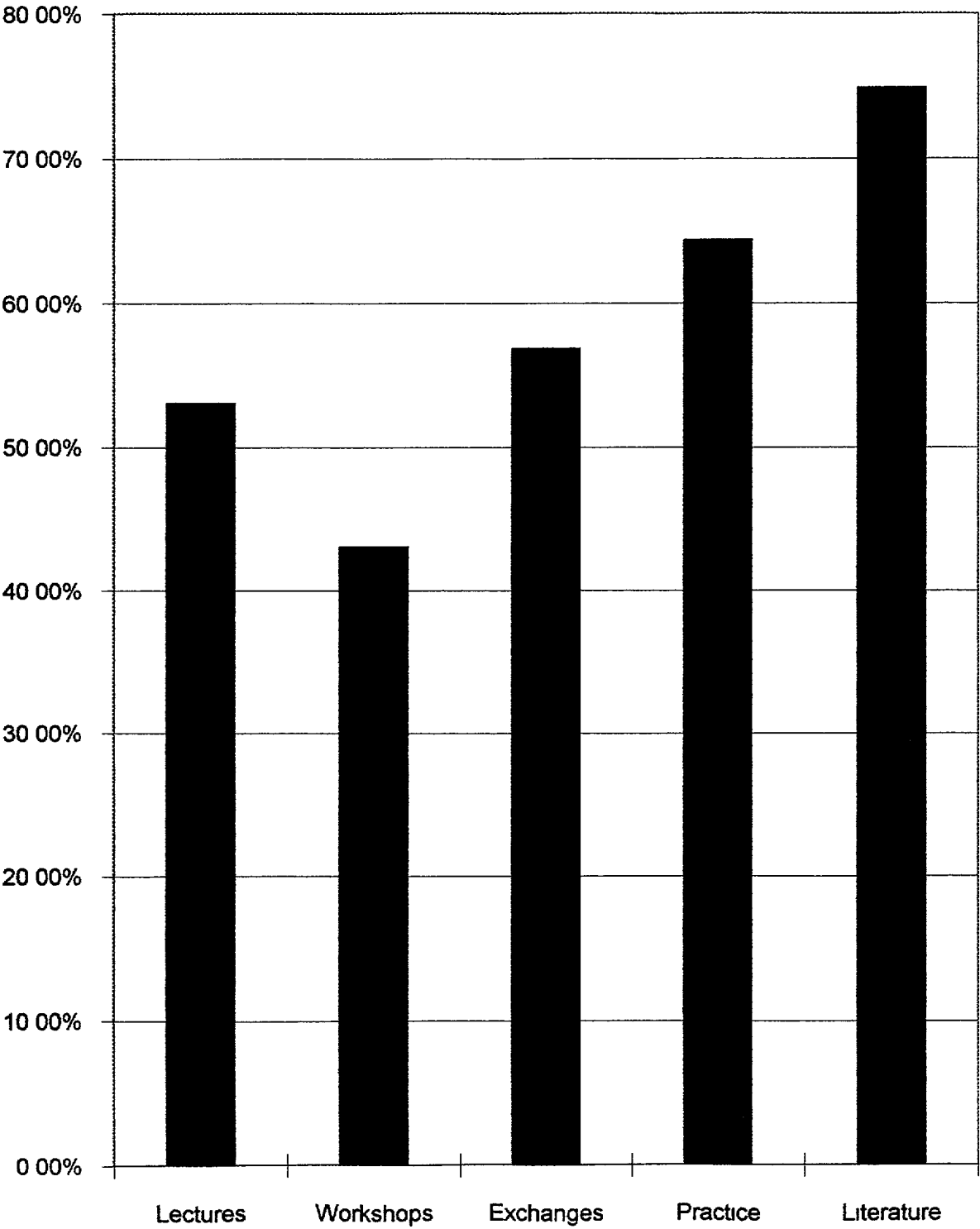
Request for teaching medical students



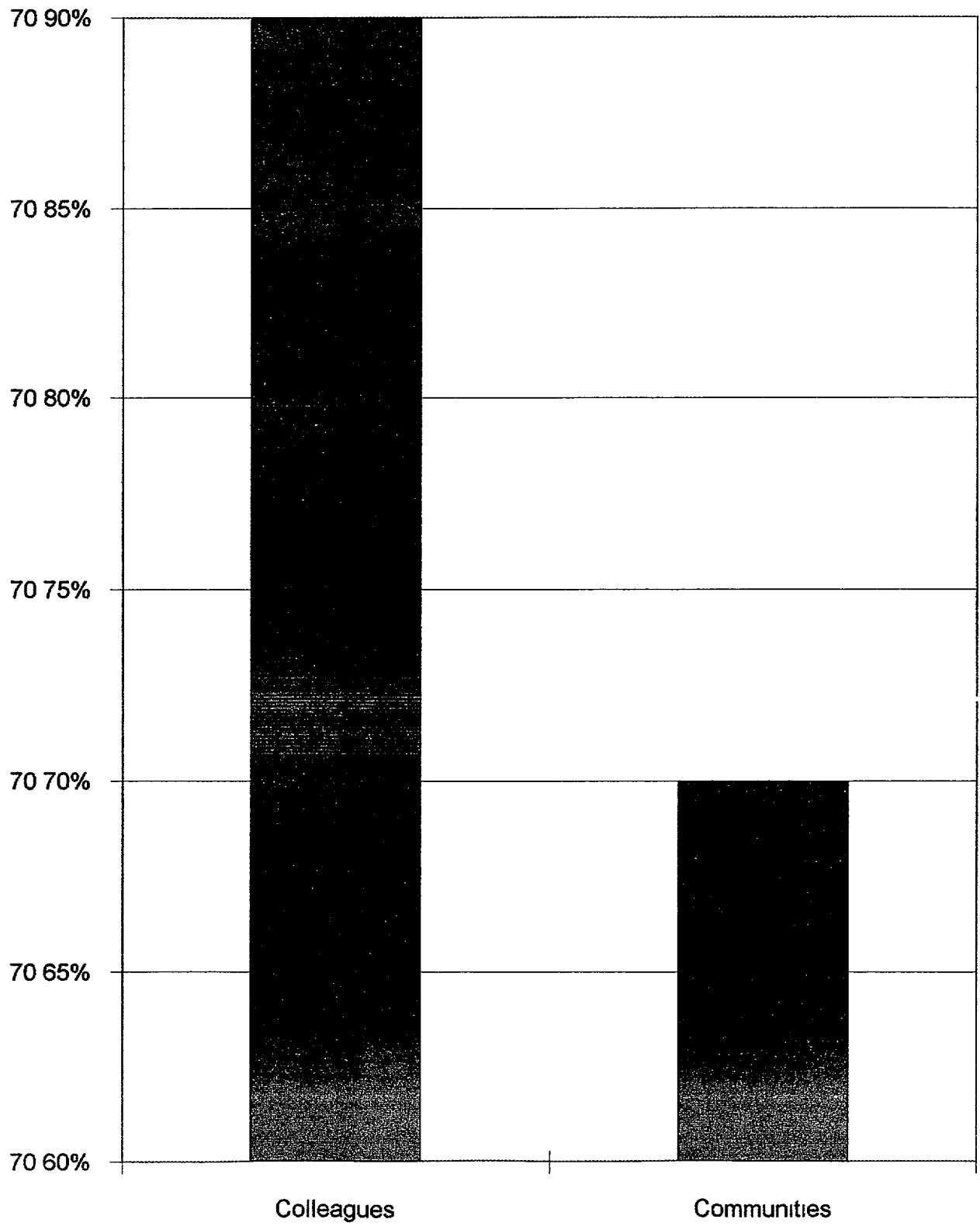
General Practitioner's requests for continuous medical training



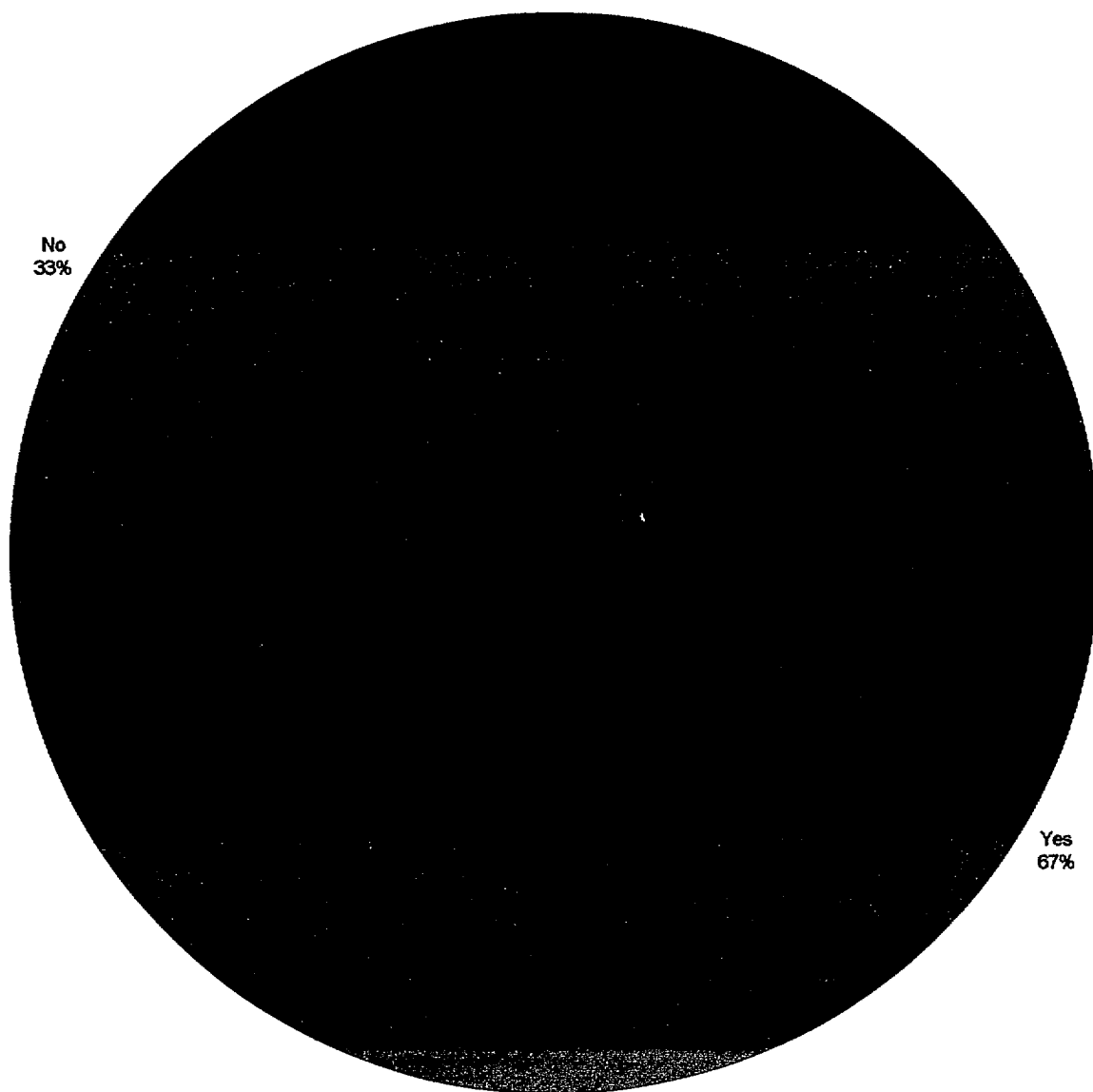
General Practitioner's requests for continuous medical training



Involvement in PHC



Request for training as preceptors in PHC



Appendix VII

Introduction

General Practitioners from the community attended the Seminars organized by World Vision and were trained in Primary Health Care principles and practices as well as teaching techniques for precepting of Family Practice residents

Objectives

To increase the quality of the seminars organized by World Vision for the General Practitioners

Methodology

The participants at the first World Vision seminar, February 20- 24, 1996, were questioned about the lectures and the other training methods which were used

Evaluation questionnaire (examples of questions)

Your appreciation is important for the organization of future Seminars

1) The choice of lecturers

- very good []
- good []
- satisfactory []
- unsatisfactory []
- suggestions []

2) The choice of the topics

- very good []
- good []
- satisfactory []
- unsatisfactory []
- suggestions []

3) What is the most important thing you have learned during this seminar? Comments

4) What would you like to learn about putting into practice Primary Health Care? Comments

5) Which methods did you find the most attractive/ efficient?

The curricula was changed based on positive feed back and input. The number of topics were decreased, the time for group discussions was increased and interactive communication methods were introduced.

The information attained by the participants at the second seminar was evaluated through the same questionnaire

Pre and post test examples of questions

1 An unvaccinated child has a risk of

- malnutrition []
- handicap []
- death []

2 Accidents are the main cause of death which can be prevented in children between 1- 5 years? Yes/No

3 The medical care at the dispensary level is

- inexpensive and efficient []
- expensive and inefficient []
- useless for the surveillance of the chronic ill persons []
- curative in over 50% of cases without the intervention of the specialists doctors []
- possible without the intervention of the specialist doctor in the majority of the cases []

4 Antibiotics should be used rationally because

- they are expensive []
- they are difficult to be produced in industrial quantities []
- they have no curative effect on viral diseases []
- can result in the selection of resistant bacteria []

5 Who is responsible, from the financial point of view, for the improvement of the hygienic-sanitary condition in the rural community

- the state []
- the private companies from the cities []
- the rural community []
- the humanitarian organizations from the western countries []

6 The maternal colostrum

- is not used in the newborn feeding []
- it is a pathological secretion of the breast glands []
- it is necessary and healthy for the newborns nutrition []
- it contains antibodies which protect the newborn against diseases []

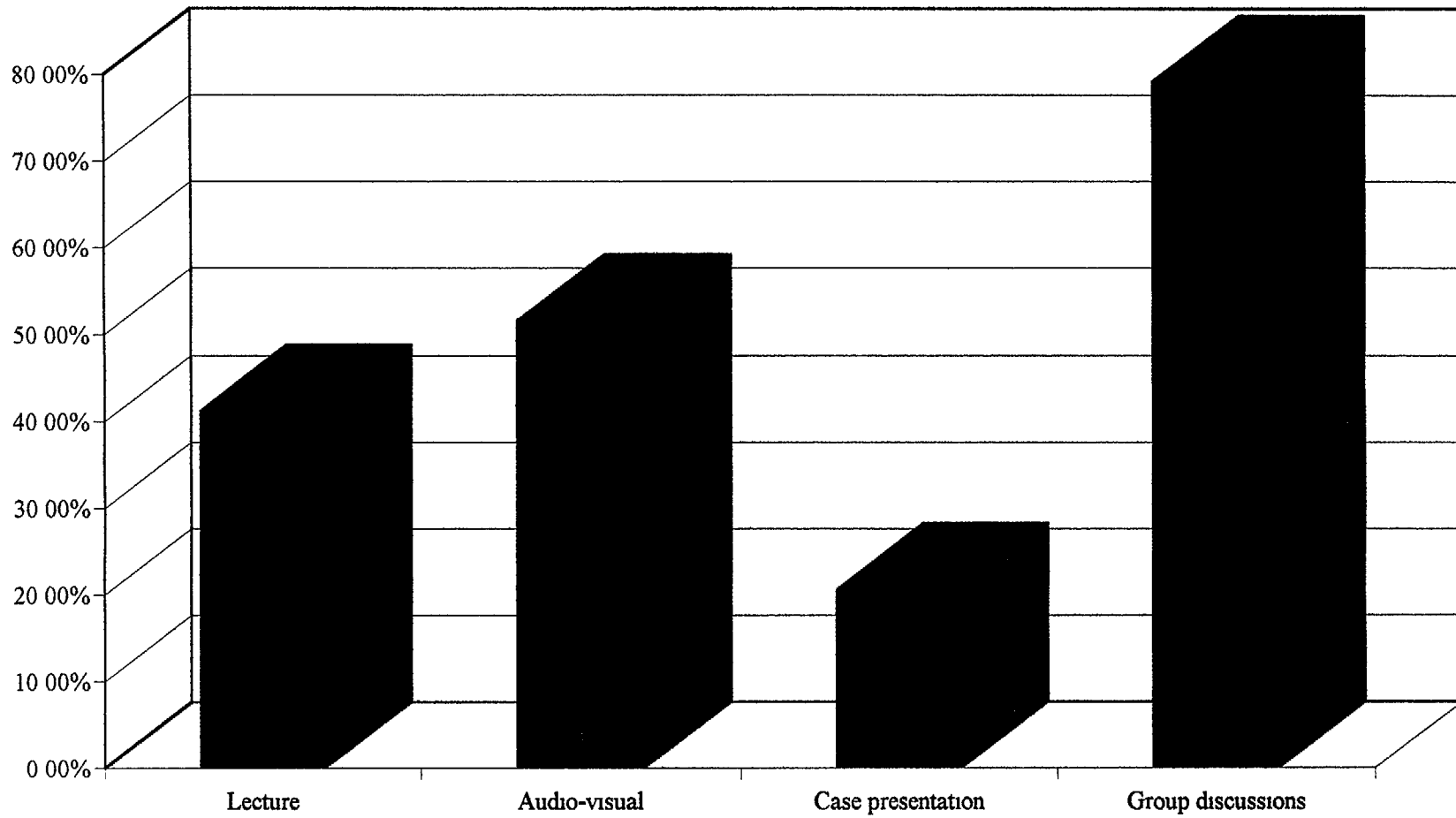
Conclusions

1) As a result of involvement of the Ministry of Health Community Doctors and Faculty members in the Seminar

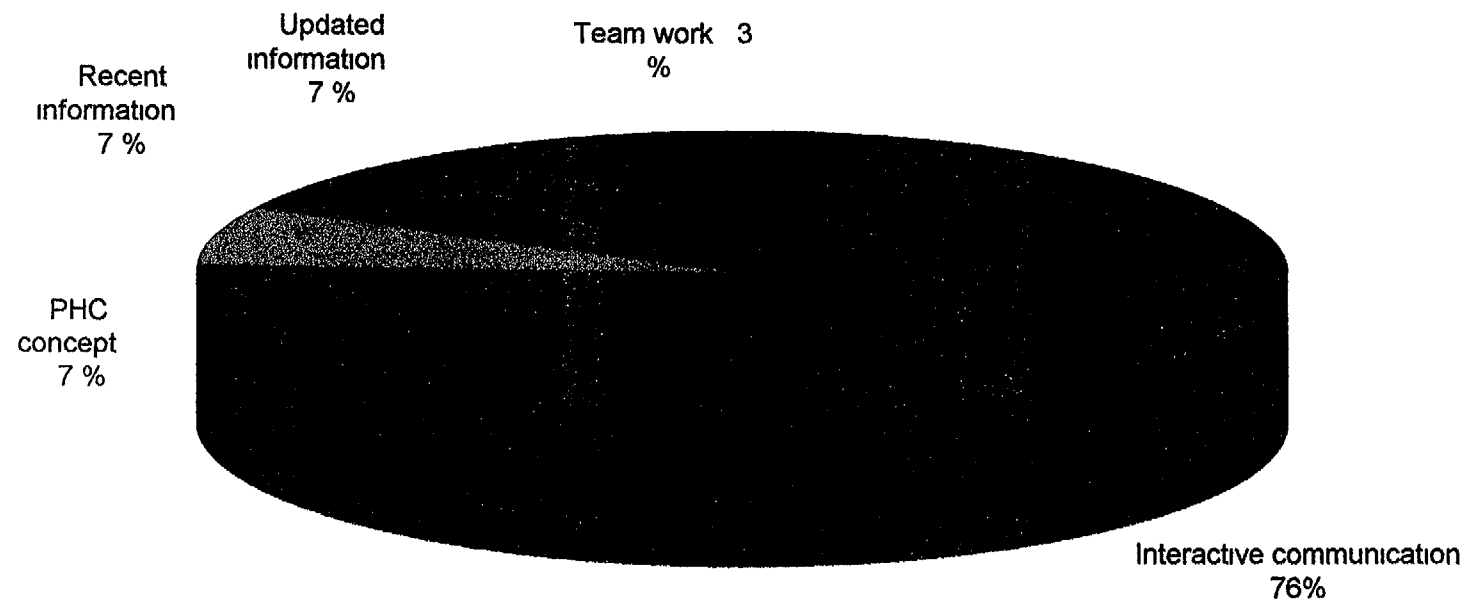
a bridge of future collaboration was established for the following seminars. An enthusiastic atmosphere appeared during the Seminar (especially in group discussions and role playing activities)

2) The necessity to adapt the curriculum of the seminars to the specific training needs of the General Practitioners

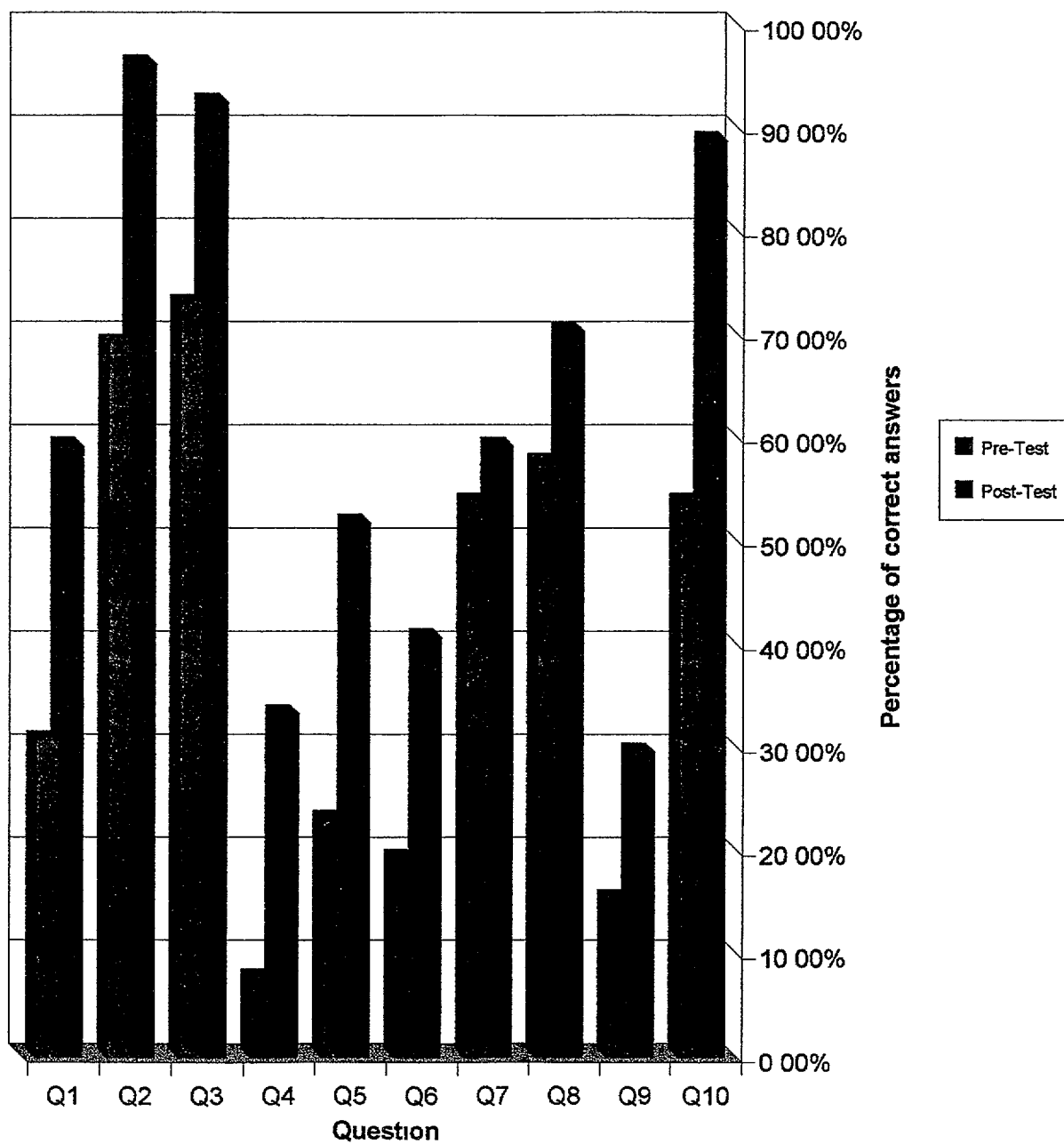
Methods evaluation



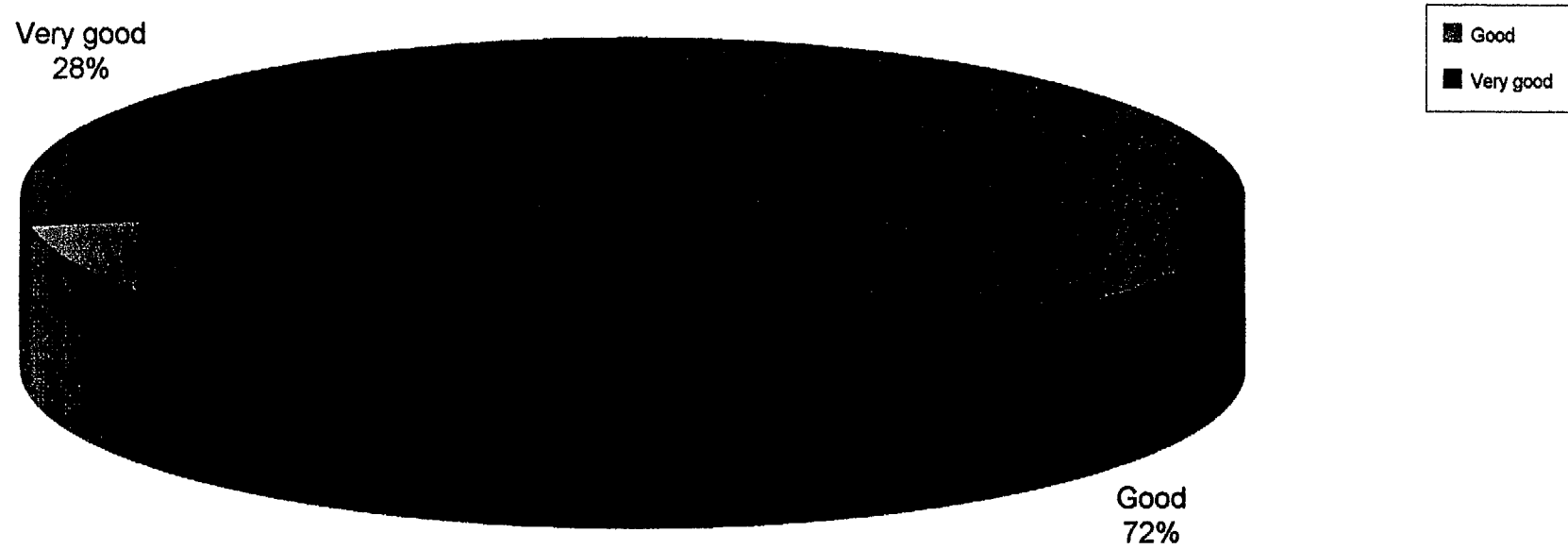
The most important achievement



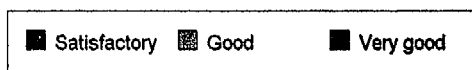
General Practitioners Level of Knowledge in PHC



Lecturers selection



Topics selection



Appendix VIII

Introduction

World Vision Seminars will have a long term impact by producing providers of Primary Health Care who will focus on preventive medicine as well as curative medicine, as a result, the communities will benefit from more comprehensive and integrated health care

Objectives

To demonstrate an increase in the General Practitioners level of information in Primary Health Care

Methodology

In 1996, February 19- 23, World Vision Romania Primary Health Care II Project organized a Seminar in collaboration with the local Ministry of Health, University of Medicine and Pharmacy and National Society of General Practice- Cluj county

In order to improve the medical care provided to patients, as well as to improve the education of the medical students and Family Practice residents, a 5 day workshop was given to 39 General Practitioners

This Workshop trained the General Practitioner's in Primary Health Care principles and practices, as well as teaching skills regarding how to transmit their knowledge to medical students, residents and patients. In this way, a large number of General Practitioner currently in practice also had their knowledge and skills updated

Evaluation questionnaire (example of questions)

1) At present the maternal mortality rate in Romania is

- 10 deaths/100000
- 25 deaths/100000
- 68 deaths/100000
- 112 deaths/100000

2) The best method for students and residents training is

- to criticize them in front of the patients,
- to correct them in private,
- to offer them positive feed backs when they have a good idea
- the instructor should be a positive model to be imitated

3) The medical care at the dispensary level is

- inexpensive and efficient,

- expensive and inefficient,
 - useless for the surveillance of the chronic ill persons,
 - curative in over 50% of the cases without the intervention of the specialist doctors,
 - possible without the intervention of the specialist doctor in the majority of the cases
- 4) Who is responsible, from the financial point of view, for the improvement of the hygienic- sanitary condition in the rural community
- the state,
 - the private companies from the cities,
 - the rural community,
 - the humanitarian organizations from the Western countries
- 5) The risk for death to a woman in the sexually active period, who does not use contraceptive pills is four time higher than the death risk to a woman who uses contraceptive pills? Yes/No

PHC Workshop topic

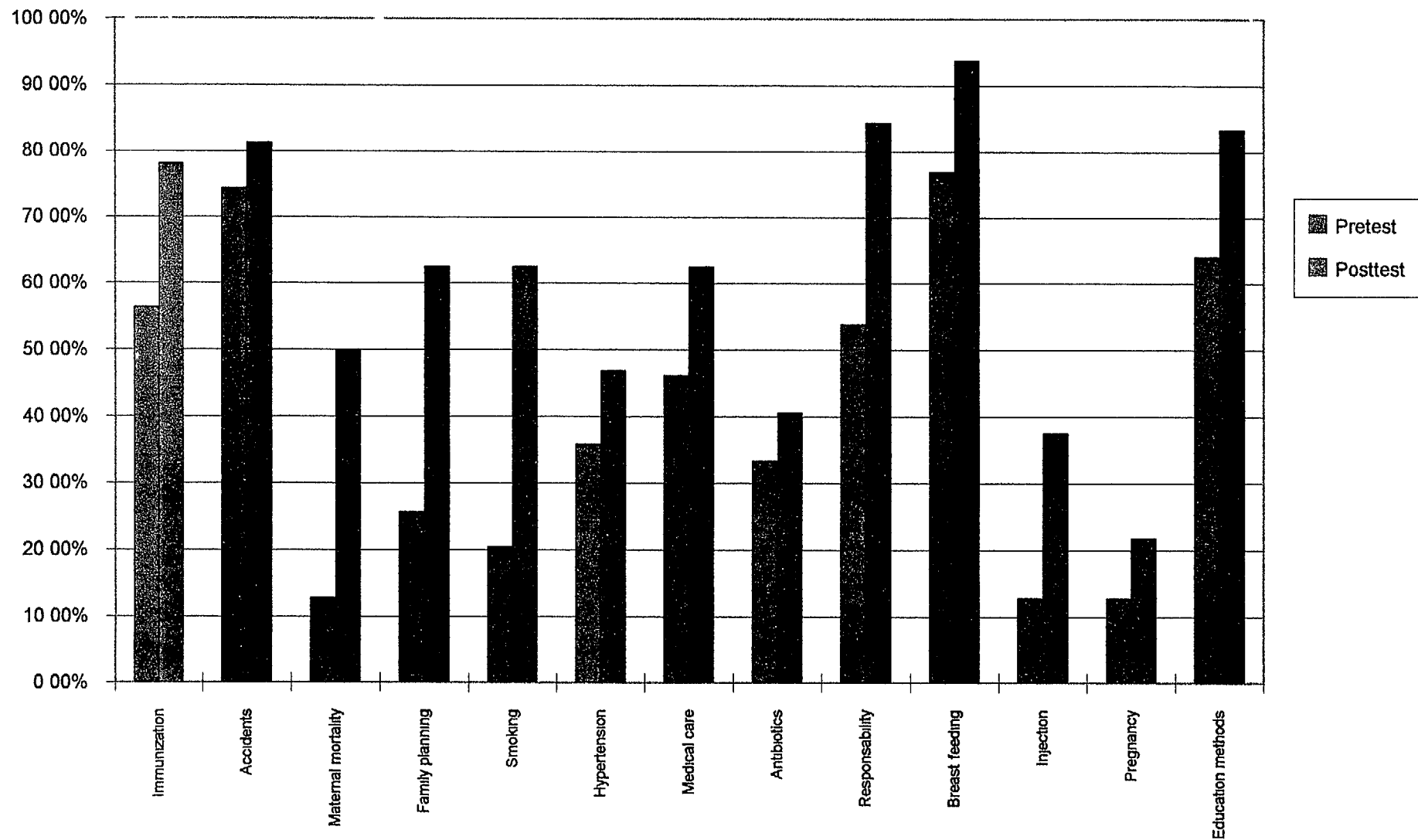
- 1) Primary Health Care principles
- 2) Well child care and early detection and diagnosis of disease
- 3) Primary care of healthy adult
- 4) The family in the concept of Primary Health Care and Family Medicine
- 5) Nutrition
- 6) The consequences of nutritional errors in children
- 7) Prevention and early detection of hypertension
- 8) Coronary artery disease
- 9) Smoking and smoking cessation
- 10) Types of epidemiological studies at the local (dispensary) level
- 11) Teaching methods in Primary Health Care for medical students
- 12) The preparation of residents in Family Medicine
- 13) Family Planning
- 14) Rational use of antibiotics
- 15) Immunizations
- 16) Strategies for changing from injectable medications to oral medications
- 17) Prevention and control of Hepatitis B
- 18) AIDS
- 19) Safe injection technique
- 20) Prevention and control of Sexually Transmitted Diseases

- 21) Prenatal care at the dispensary level
- 22) Prevention of pregnancy-related illness and disturbances of intrauterine development
- 23) Prevention of childhood accidents
- 24) Early detection of treatable cancers
- 25) Primary Health Care of the elderly
- 26) Communication in doctor- patient relationships
- 27) Concept of Primary Health Care

Conclusions

- 1) The future seminars will be focused on specific Primary Health Care topics, using interactive communication methods
- 2) It is necessary to improve continuous medical training curricula for General Practitioners and preceptors of medical students and residents

General Practitioner's Level of Knowledge in PHC



Appendix IX

Motto "Man should not complain about the times in which he was given to live
Are they bad times? That's why we are here to make things better"

World Vision - Health - School

World Vision is an international nongovernmental organization, for humanitarian relief and development. It was founded in 1950 for the help of the Asian children during the Korean war. At least half of World Vision's budget comes from individuals by direct child sponsorship.

World Vision has 6000 projects in over 100 countries. World Vision sees its fundamental task as striving to bring about transformation that lifts people, especially children, out of poverty and into a world of promise and potential. World Vision believes that every life is of inestimable value.

World Vision assumed the mission of helping Romanian people in strengthening social and health care services provided to children and families and to facilitate the holistic development of communities.

Between 1991 and 1995, a PHC Project was implemented in Cluj county by World Vision with partial funding from USAID. Seminars and workshops were organized for medical personnel and community leaders to train them as promoters and educators for health. Public school health sessions were organized. World Vision distributed medicine, medical equipment and the most recent health information in five rural and urban dispensaries.

Presently, the PHC II project has been developed, in collaboration with the University of Medicine and Pharmacy in Cluj, the Cluj local Ministry of Health, the National Society of General Practice-Cluj division and USAID. UMP Cluj is the first university of Romania which has introduced lectures in PHC curriculum for medical students.

Invited by Mrs. Rodica Dan, the director of "Eugen Poia" school in the Manastur area of Cluj, we organized 9 "education for health" sessions with students from 3 classes in the 8th grade. We appreciated very much the interest and the

openness of this caring teacher for her over 1200 children. We also appreciated the receptiveness of these 96 students, at the beginning of the complicated stage of adolescence, shy, confused, in love and happy, energetic, full of questions.

Mrs. Rodica Dan stated: "Health sessions were organized during the class advisor lessons. A group of caring people contributed to the good organization of these sessions: Dr. L. Lungu - the school doctor, Dr. Mihaela Crisan, Dr. M. Lapusan, Nelu Morar, and Ovidiu Puscas, all led by Dr. Doina Malai, a sincere friend of youth, who has advised them on many occasions."

An evaluation pretest given to the students showed several areas where increased knowledge was needed. Incorrect answers were given by 60% or more, of the students in questions about nutrition, alcoholism, smoking, AIDS, sex education, tuberculosis, STD's, and contraception.

The methods used for this session by these medical doctors were well selected, and the dialog with the students was effective, as you can see from their answers to the interviews.

Dana: "They explained to us things which we wanted to know. I liked the video tape and the good organization. The doctor spoke to us like a friend, we could freely express our ideas without embarrassment."

Sergiu: "The sessions were good, very interesting, well organized. I was not embarrassed to give my opinion, it was a free and open discussion."

Ramona: "The sessions were very good and useful, I learned a lot of new things."

Silviu: "I learned useful things, which I can use in the future. I was open, free and without fear. The doctor knows what she is talking about, she has a new and effective way of communication."

Calin: "I learned many interesting and useful things. We were treated as equal partners. At the beginning we were a little afraid, but by the second session we spoke more openly, as man to man."

Delia: "The lectures were very interesting and well placed. There should be more sessions and in more detail. It would be good to start earlier, in 6th grade."

and should be continued"

Dana "The sessions were instructive It is very important to be told how to take care of yourself We wish you would come again with more video tapes It would be good to also discuss these things on an individual basis and to start health education sessions 1- 2 hours/week, even after school hours"

Levente "I like the lectures We were treated well and I would like more of these kind of sessions"

Mircea "It was nice, educational, we were treated as equal partners"

Bogdan "The lectures were interesting they were educational They were medical doctors who knew a lot and explained it to us on our level"

Mihaela "The sessions were interesting, they help you to know yourself The manner of presentation was nice and interesting We would like to have more lectures'

Adrian "It was a good thing, people with good intentions philanthropic, who said that they will help us also in the future They even gave us their address It was a good experience based on mutual trust"

Livia "The dialog encouraged us to ask questions about everything we wanted to know The brochures and handouts we received are useful for us because they covered the most frequent adolescence problems I appreciate the effort of these people- medical doctors who helped us to understand some of the situations which confront teenagers"

Give a fish to a man and you will feed him for a day Tomorrow he'll have to beg Teach a man how to fish and you will feed him for a lifetime Tomorrow if he learned well he will teach others

And because we love our children, I believe that all of us parents, teachers and medical personnel must teach them how to fish

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In spite of their good will and their efforts to help, it is quite possible that there are significant omissions, that misunderstandings occurred, or that unintentional errors have crept into this report The responsibility for that is mine and I apologize for any such that may appear here